| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District of ILLINOIS (State)           |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## **Official Form 101**

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                            |   |
|    | Write the name that is on your  | Dannita                    |   |
|    | government-issued picture identification (for example, your driver's license or | First name                 | First name                                    |
|    | passport).  | Middle name                | Middle name                                   |
|    | Bring your picture  | Scrutchions                |   |
|    | identification to your meeting with the trustee.                                | Last name                  | Last name                                     |
|    |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last 8   | First name                 | First name                                    |
|    | years   |                            |   |
|    | Include your married or maiden names.   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | widdle name                | widdle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
| 3. | Only the last 4 digits of your Social Security                                  | xxx - xx - <u>8672</u>     | XXX - XX                                      |
|    | number or federal   | OR                         | OR  |
|    | Individual Taxpayer Identification number                                       |                            |   |
|    |   | <b>9</b> xx - xx           | <b>9</b> xx - xx                              |
|    |   |                            |   |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30

Desc Main Page 2 of 53 Document Dannita Scrutchions Case Number (if known) Debtor 1 **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Any business names I have not used any business names or EINs. and Employer I have not used any business names or EINs. **Identification Numbers** (EIN) you have used in Business name Business name the last 8 years Include trade names and Business name Business name doing business as names EIN EIN Where you live If Debtor 2 lives at a different address: 10936 S Keating Ave Number Street Number Street Unit 3D Oak Lawn IL 60453 City State ZIP Code City ZIP Code COOK County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send the one above, fill it in here. Note that the court any notices to you at this mailing address. will send any notices this mailing address. Number Number Street Street P.O. Box P.O. Box ZIP Code City State City State ZIP Code Check one: Check one: Why you are choosing this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy. I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. have another reason. Explain. I have another reason. Explain. See 28 U.S.C. § 1408 (See 28 U.S.C. § 1408

Case 17-17416 Filed 06/07/17 Doc 1

Document Scrutchions

Entered 06/07/17 11:28:30 Desc Main Page 3 of 53

Debtor 1

Dannita

Case Number (if known)

| Pa  | Tell the Court About You   | nkruptcy Case   |                    |
|-----|--|---|--------------------|
| 7.  | The chapter of the Bankruptcy Code you                                   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.   |                    |
|     | are choosing to file   | Chapter 7   |                    |
|     | under  | ☐ Chapter 11  |                    |
|     |  | ☐ Chapter 12  |                    |
|     |  | ☐ Chapter 13  |                    |
| 8.  | How you will pay the fee   | ■ I will pay the entire fee when I file my petition. Please check with the clerk's office in you local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ■ I need to pay the fee in installments. If you choose this option, sign and attach the |                    |
|     |  | Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).   |                    |
|     |  | I request that my fee be waived (You may request this option only if you are filing for Cha By law, a judge may, but is not required to, waive your fee, and may do so only if your incless than 150% of the official poverty line that applies to your family size and you are una pay the fee in installments). If you choose this option, you must fill out the <i>Application to F Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.                   | come is<br>able to |
| 9.  | Have you filed for   | ■ No  |                    |
|     | bankruptcy within the  | ☐ Yes. District None When Case Number   |                    |
|     | last 8 years?  | Yes. District NOTIE When Case Number  |                    |
|     |  | District None When Case Number  |                    |
|     |  | District When Case Number   |                    |
|     |  | MM / DD / YYYY  |                    |
| 10. | Are any bankruptcy cases pending or being                                | ■ No  |                    |
|     | filed by a spouse who is   | ☐ Yes. Debtor Relationship to you   |                    |
|     | not filing this case with you, or by a business parter, or by affiliate? | District When Case Number, if known MM / DD / YYYY  |                    |
|     |  | Debtor Relationship to you  |                    |
|     |  | District When Case Number, if known  MM / DD / YYYY   |                    |
| _   |  |   |                    |
| 11. | Do you rent your residence?  | <ul> <li>No. Go to line 12</li> <li>Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</li> </ul>  |                    |
|     |  | <ul> <li>No. Go to line 12.</li> <li>☐ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and this bankruptcy petition.</li> </ul>   | d file it with     |

Dannita Document Scrutchions

Debtor 1

Page 4 of 53

Case Number (if known)

| First Name   | Middle Name                      | Last Name  |  |  |   |                         |   |
|--|----------------------------------|--|--|--|---|-------------------------|---|
| t 3: Report About Any Bus  | sinesses You Ow                  | n as a Sole Proprietor   |  |  |   |                         |   |
| Are you a sole proprietor of any full- or part-time business?  | ■ No.<br>□ Yes.                  | Go to Part 4. Name and location of b   | ousiness   |  |   |                         |   |
| A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as  |                                  | Name of business, if any   |  |  |   |                         |   |
| a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.                                   |                                  | Number Street  |  |  |   |                         |   |
|  |                                  | City   |  |  |   | State                   | Zip Code  |
|  |                                  | Check the appropriate  | box to describe  | your business:   |   |                         |   |
|  |                                  | ☐ Health Care Busi   | •  | •  | . ,,  |                         |   |
|  |                                  | ☐ Single Asset Rea ☐ Stockbroker (as o   |  | _  | 101(51B))   |                         |   |
|  |                                  | ☐ Commodity Broke  |  |  | )   |                         |   |
|  |                                  | ☐ None of the abov   | 'e   |  |   |                         |   |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).           | appropria balance s documen  No. | in filing under Chapter 11, the deadlines. If you indicated, statement of operates do not exist, follow the I am not filing under Chapter the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code. | ate that you are tions, cash-flow procedure in 11 pter 11. 11, but I am NO | a small business de<br>statement, and fede<br>U.S.C. § 1116(1)(E | ebtor, you must<br>eral income tax<br>3).<br>debtor accordi | t attach your return or | our most recent<br>r if any of these<br>definition in |
| Report if You Own or   | Have Any Hazard                  | lous Property or Any Prop  | erty That Needs  | Immediate Attentio   | n   |                         |   |
| Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and<br>indentifiable hazard to  | No.                              | What is the hazard?  |  |  |   |                         |   |
| public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |                                  | If immediate attention is  | needed, why is   | it needed?   |   |                         |   |
| that needs urgent repairs?   |                                  | Where is the property?   |  |  |   |                         |   |
|  |                                  | and property:  | Number   | Street   |   |                         |   |
|  |                                  |  | City   |  |   |                         | e ZIP Code  |
|  |                                  |  | J.,,   |  |   | Cidio                   |   |

Case 17-17416 Doc 1

Filed 06/07/17 Document Entered 06/07/17 11:28:30 Desc Main Page 5 of 53

Debtor 1 D

Dannita

ame Middle N

Last Name

Case Number (if known) \_

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:   | ☐I am not required to receive a briefing about credit counseling because of:  |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |
| Active duty. I am currently on active military duty in a military combat zone.  | Active duty. I am currently on active military duty in a military combat zone.  |
| If you believe you are not required to receive a briefing about credit counseling, you must file a  | If you believe you are not required to receive a briefing about credit counseling, you must file a  |

motion for waiver of credit counseling with the court.

motion for waiver of credit counseling with the court.

Case 17-17416 Doc 1

Filed 06/07/17

Entered 06/07/17 11:28:30

Desc Main

Document Page 6 of 53 Dannita Debtor 1 Case Number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is No. excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? 1-49 1,000-5,000 **2**5,001-50,000 How many creditors do **50-99** you estimate that you 5,001-10,000 **5**0,001-100,000 owe? ☐ More than 100,000 **100-199** 10,001-25,000 200-999 □ \$0-\$50,000 **□** \$1,000,001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your assets to \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion be worth? **\$100,001-\$500,000** □ \$50,000,001-\$100 million **□**\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐More than \$50 billion \$0-\$50.000 □ \$1.000.001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your liabilities \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion to be? **\$100,001-\$500,000** □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ★ /s/ Dannita Scrutchions Signature of Debtor 2 Signature of Debtor 1

Executed on

06/05/2017

MM / DD / YYYY

Executed on

MM / DD / YYYY

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Page 7 of 53 Document

Debtor 1 Dannita

6311015

Bar number

IL

State

Case Number (if known) Middle Name I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to For your attorney, if you are proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under represented by one each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. if you are not represented by an attorney, you do not need to file this page. 🗶 /s/ Steven Scott Camp Date: 06/05/2017 Date Signature of Attorney for Debtor MM / DD / YYYY **Steven Scott Camp** Printed name Geraci Law L.L.C. Firm name 55 E. Monroe St., #3400 Number Street IL 60603 Chicago City State ZIP Code 312-332-1800 ndil@geracilaw.com Contact Phone Email address

# Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Parí | t 1:    | Summarize Your Assets   |                                      |
|------|---------|---|--------------------------------------|
|      |         |   | Your assets<br>Value of what you own |
|      |         | e A/B: Property (Official Form 106A/B) line 55, Total real estate, from Schedule A/B  | <u> </u>                             |
| 1    | ь. Сору | line 62, Total personal property, from Schedule A/B   | \$ 60,939                            |
| 1    | c. Copy | line 63, Total of all property on Schedule A/B  | \$ 60,939                            |
| Part | : 2:    | Summarize Your Liabilities  |                                      |
|      |         |   | Your liabilities<br>Amount you owe   |
|      |         | D: Creditors Who Have Claims Secured by Property (Official Form 106D) the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$14,425                             |
|      |         | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                         | \$0                                  |
| 3    | b. Copy | the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$11,111                             |
|      |         |   |                                      |
| Part | : 3:    | Summarize Your Liabilities  |                                      |
|      |         | t I: Your Income (Official Form 106I) ur combined monthly income from line 12 of Schedule I   | \$3,333.13                           |
|      |         | e J: Your Expenses (Official Form 106J) ur monthly expenses from line 22c of Schedule J   | \$3,333.07                           |

Document Scrutchions Page 9 of 53

Case Number (if known) \_ Dannita Debtor 1 First Name Middle Name Last Name

| P  | art 4:            | Answer These Questions for Administrative and Statistical Records   |                                 |             |
|----|-------------------|---|---------------------------------|-------------|
| 6. | Are you           | filing for bankruptcy under Chapter 7, 11 or 13?  |                                 |             |
|    | ☐ No. ☐ Yes       | You have nothing to report on this part of the form. Check this box and submit this form to the co  | ourt with your other schedules. |             |
| 7. | What kin          | d of debt do you have?  |                                 |             |
|    |                   | debts are primarily consumer debts. Consumer debts are those "incurred by an individual primy, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. |                                 |             |
|    |                   | debts are not primarily consumer debts. You have nothing to report on this part of the form. Clorm to the court with your other schedules.  | neck this box and submit        |             |
| 8. |                   | e Statement of Your Current Monthly Income: Copy your total current monthly income from Offi<br>2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                     | icial .                         | \$ 4,602.44 |
|    |                   |   |                                 |             |
| 9. | Copy the          | following special categories of claims from Part 4, line 6 of Schedule E/F:   |                                 |             |
|    |                   |   | Total claim                     |             |
|    | From P            | art 4 of Schedule E/F, copy the following:  |                                 |             |
|    | 9a. Dom           | estic support obligations (Copy line 6a.)   | \$_0.00                         |             |
|    | 9b. Taxe          | s and certain other debts you owe the government. (Copy line 6b.)   | \$_0.00                         |             |
|    | 9c. Clain         | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00                         |             |
|    | 9d. Stude         | ent loans. (Copy line 6f.)  | \$_0.00                         |             |
|    | _                 | ations arising out of a separation agreement or divorce that you did not report as aims. (Copy line 6g.)  | \$_0.00                         |             |
|    | 9f. Debt          | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00                         |             |
|    | 9g. <b>Tota</b> l | . Add lines 9a through 9f.  | \$_0.00                         | ]           |

|   | Caso 17  | 7 17/16 Doc 1  | Eilad 06/07/17   | Entered 06/07/17 11:  | 28:30 Des             | sc Main   |
|---|--|--|--|---|-----------------------|---|
| Fill in this in   | formation to ide   | ntify your case and this fili  |  | 0 of 53   | 20.00                 | oo man  |
| Debtor 1  | Dannita  |  | Scrutchions  |   |                       |   |
|   | First Name   | Middle Name  | Last Name  |   |                       |   |
| Debtor 2<br>(Spouse, if filing)                                 | First Name   | Middle Name  | Last Name  |   |                       |   |
| United States   | Bankruptcy Court fo  | or the : <u>NORTHERN</u> Distric   | ct of <u>ILLINOIS</u>  |   |                       |   |
| Case Number   |  |  | (State)  |   | [                     | Check if this is an   |
| (If known)  |  |  |  |   |                       | amended filing  |
| Official F  | <u>orm 106A</u>  | <u>/B</u>  |  |   |                       |   |
| Schedul   | e A/B: Pr  | operty   |  |   |                       | 12/15   |
| esponsible for ages, write you part 1:  01. Do you ow No.  Yes. | supplying correction name and cas  Describe Each Rectorn or have any le  Describe                                    | ct information. If more spar<br>e number (if known). Answ<br>sidence, Building, Land, or O<br>gal or equitable interest in | ce is needed, attach a separate<br>ver every question.<br>htter Real Esate You Own or Hav<br>any residence, building, land,  | or similar property?  | · · · · ·             |   |
|   | -  | -  | our entries fro Part 1, including  | · · ·   | >                     | ¢0.00   |
| you navo at   |  | Trino that nambor horo .   |  |   |                       | \$0.00  |
| Part 2:   | Describe Your Vel  | nicles   |  |   |                       |   |
| No. Yes.  No.  Yes.  No.  Yes.  No.  Yes.  No.  Yes.            | Describe  flake: flodel: fear: pproximate Milea other information: 2012 Buick Regal floats, trailers, motor Describe | with over 17,000 miles  homes, ATVs and other recors, personal watercraft, fishing   | Who has an interest in the purpose of the debtors o | cuent and another  s_mity property (see  cles, and accessories ccessories | ne amount of any secu | claims or exemptions. Put red claims on Schedule D: aims Secured by Property  Current value of the portion you own?  9,747.00 |
|   |  |  | our entries fro Part 2, including  |   |                       | \$ 9,747.00   |
|   |  |  |  | -   |                       |   |
| Part 3:   | Describe Your Per  | sonal and Household Items  |  |   |                       |   |
| Do you own oi   | r have any legal (   | or equitable interest in any   | of the following items?  |   |                       | Current value of the portion you own? Do not deduct secured claims or exemptions  |
| Examples:   |  | ilshings<br>urniture, linens, china, kitchenwa   | are  |   |                       |   |
| Yes.  | Describe   | Furniture, linens, small applian   | nces, table & chairs, bedroom set  |   | \$1,000               | \$ <u>          1,000.0</u> 0   |

Official Form 106A/B Record # 736464 Schedule A/B: Property Page 1 of 6

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 11 of 53 Page 11 of 53

07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... \$1,000 Flat screen TV, computer, printer, music collection, cell phone 1,000.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Describe..... Yes. 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... Yes. 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. es. Describe..... Everyday clothes, coats, shoes, accessories \$2,000 2,000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Jewelry \$500 500.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list Describe..... 0.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,500.00 for Part 3. Write that number here ----**Describe Your Financial Assets** Part 4: Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No. Yes. Describe..... 0.00

Case 17-17416 Doc 1 Dannita

Filed 06/07/17
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Document
Last Name Entered 06/07/17 11:28:30 Page 12 of 53 umber (if known) Desc Main Debtor 1 First Name Middle Name

| 17. | Deposits o  | f money              |  |   |           |              |
|-----|-------------|----------------------|--|---|-----------|--------------|
|     |             |                      |  | ertificates of deposit; shares in credit unions, brokerage houses,        |           |              |
|     |             | imilar institutions. | If you have multiple accounts wi   | ith the same institution, list each.                                      |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             |  | Institution name:   |           | 00.00        |
|     |             |                      | Checking Account   | Chase Bank  | \$        | 92.00        |
|     |             |                      | Savings Account  | Chase Bank  | \$        | 200.00       |
|     |             |                      | Checking Account   | First Credit Money Market   | \$        | 1,400.00     |
|     |             |                      |  |   | \$        | 1,692.00     |
| 18. | Bonds, mu   | ıtual funds, or ı    | publicly traded stocks   |   |           |              |
|     |             |                      | stment accounts with brokerage f   | firms, money market accounts  |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             | Institution or issuer name:  |   |           |              |
|     |             |                      |  |   | \$        | 0.00         |
| 19. | Non-public  | ly traded stock      | k and interests in incorpora   | ated and unincorporated businesses, including an interest in              |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             | Name of Entity and Percer  | nt of Ownership:  |           |              |
|     |             | 200020               |  |   | \$        | 0.00         |
| 20. | Governme    | nt and corpora       | te bonds and other negotia   | able and non-negotiable instruments                                       |           |              |
|     |             | -                    | =  | necks, promissory notes, and money orders.                                |           |              |
|     | Non-negotia | able instruments     | are those you cannot transfer to   | someone by signing or delivering them.                                    |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             | Issuer name:   |   |           |              |
|     |             |                      |  |   | \$        | 0.00         |
| 21. | Retirement  | t or pension ac      | counts   |   |           |              |
|     |             | Interests in IRA, E  | ERISA, Keogh, 401(k), 403(b), th   | nrift savings accounts, or other pension or profit-sharing plans          |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             | Type of account and Institu  |   |           |              |
|     |             |                      | 401(k) or similar plan   | 401k  | \$        | 45,000.00    |
|     |             |                      |  |   | \$        | 45,000.00    |
| 22. | Security de | eposits and pre      | epayments  |   |           |              |
|     |             |                      |  | u may continue service or use from a company                              |           |              |
|     |             | Agreements with      | landlords, prepaid rent, public ut   | tilities (electric, gas, water), telecommunications                       |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             | Institution name or individu   | ıaı:  |           |              |
| 00  | A           | (A                   |  |   | \$        | 0.00         |
| 23. |             | A contract for       | a periodic payment of mon  | ey to you, either for life or for a number of years)                      |           |              |
|     | No.         |                      |  |   |           |              |
|     | Yes.        | Describe             | Issuer name and description  | DU:   |           |              |
| •   |             |                      | IDA 1  | PE-14D15  | \$        | 0.00         |
| 24. |             |                      | A(b), and 529(b)(1).   | alified ABLE program, or under a qualified state tuition program.         |           |              |
|     | No.         | 38 000(b)(1), 020F   | ¬(b), and 525(b)(1).   |   |           |              |
|     |             | December             | Institution name and decor   | ription. Separately file the records of any interests.11 U.S.C. § 521(c): |           |              |
|     | Yes.        | Describe             | institution name and descr   | iption. Separately life the records of any interests. 11 0.3.0. § 321(c). | •         | 0.00         |
| 25  | Truete on   | uitable or futur     | a interests in property (othe  | er than anything listed in line 1), and rights or powers                  | <b>\$</b> | 0.00         |
| 25. | No.         | illable of future    | e interests in property (other   | in than anything listed in line 1), and rights of powers                  |           |              |
|     | <b>=</b>    |                      |  |   |           |              |
|     | Yes.        | Describe             |  |   | •         | 0.00         |
| 26  | Dotonto o   | anuriahta trad       | omerke trade secrets and   | other intellectual property   | \$        | 0.00         |
| 20. |             |                      | emarks, trade secrets, and comes websites proceeds from the secrets and the secrets are secrets. | royalties and licensing agreements  |           |              |
|     | No.         | micriot domain n     | ames, websites, proceeds from  | Toyuntoo and noonong agreements   |           |              |
|     | <b>=</b>    | Dogoribo             |  |   |           |              |
|     | Yes.        | Describe             |  |   | \$        | 0.00         |
| 27  | licenese f  | franchises and       | d other general intangibles  |   | Ψ         | <u>0.0</u> 0 |
| -7. |             |                      | -  | association holdings, liquor licenses, professional licenses              |           |              |
|     | No.         | 3                    |  | · · · • · · · · · · · · · · · · · · · ·                                   |           |              |
|     | Yes.        | Describe             |  |   |           |              |
|     | L 169.      | บะจบเทย              |  |   | •         | 0.00         |

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Last Name Dannita Case 17-17416 Doc 1 Debtor 1

First Name Middle Name

Entered 06/07/17 11:28:30 Page 13 of and a standard (if known) Desc Main

| Money or property owed to you?   | Current value of the portion you own? Do not deduct secured claims or exemptions |
|--|--|
| 28. Tax refunds owed to you  |  |
| No.  |  |
| Yes. Describe  | \$ 0.00  |
| 29. Family support   |  |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No.   |  |
| Yes. Describe  | \$ 0.00  |
| 30. Other amounts someone owes you   | \$0.00   |
| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,   |  |
| Social Security benefits; unpaid loans you made to someone else  No.   |  |
| Yes. Describe  | 7  |
|  | \$0.00   |
| 31. Interest in insurance policies   |  |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No.  Company Name & Beneficiary:  |  |
| No. Company Name & Beneficiary:  Yes. Describe   | 7  |
| Life Insurance \$0   |  |
|  | \$0.00   |
| 32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive |  |
| property because someone has died.   |  |
| No.  |  |
| Yes. Describe  | 0.00   |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment   | \$ <u>0.0</u> 0  |
| Examples: Accidents, employment disputes, insurance claims, or rights to sue   |  |
| No.  |  |
| Yes. Describe  |  |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights   | \$0.00   |
| No.  |  |
| Yes. Describe  | 7  |
|  | \$ <u> </u>  |
| 35. Any financial assets you did not already list  |  |
| No.  | 7  |
| Yes. Describe  | \$ 0.00  |
|  | <u> </u>   |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached   | 0.000.00   |
| for Part 4. Write that number here>  | \$46,692.00  |
|  |  |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.   |  |
| 37. Do you own or have any legal or equitable interest in any business-related property?   |  |
| No. Yes.   |  |
|  | Ourmant walve of the   |
|  | Current value of the portion you own?  |
|  | Do not deduct secured claims   |
|  | or exemptions  |
| 38. Accounts receivable or commissions you already earned  |  |
| Yes. Describe  | 7  |
|  | \$ 0.00  |
|  |  |

Debtor 1 Dannita Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 14 of Statement Page 14 of Statem

39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed No. Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list No. Yes. Describe..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00

Case 17-17416 Doc 1 Dannita

Filed 06/07/17

Entered 06/07/17 11:28:30 Page 15 of and a symmetric (if known)

\$ 0.00

\$ 0.00

\$ 0.00

\$60,939.00

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Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$ 9,747.00 56. Part 2: Total vehicles, line 5 \$ 4,500.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 46,692.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61. .....

59. Part 5: Total business-related property, line 45

61. Part 7: Total other property not listed, line 54

60. Part 6: Total farm- and fishing-related property, line 52

\$60,939.00

\$60,939.00

| Fill in this in     | nformation to iden   | tify your case:                       |                            |
|---------------------|----------------------|---------------------------------------|----------------------------|
| Debtor 1            | Dannita              |                                       | Scrutchions                |
|                     | First Name           | Middle Name                           | Last Name                  |
| Debtor 2            |                      |                                       |                            |
| (Spouse, if filing) | First Name           | Middle Name                           | Last Name                  |
| United States       | Bankruptcy Court for | r the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u><br>(State) |
| Case Number         | r                    |                                       |                            |
| (If known)          |                      |                                       |                            |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Identify the Property You Claim as Exempt  |  |                                     |   |  |  |  |  |  |  |  |
|--|--|-------------------------------------|---|--|--|--|--|--|--|--|
| Which set of exe   | emptions are you claiming? Check                                 | one only, even if your spo          | ouse is filing with you.  |  |  |  |  |  |  |  |
| You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3)  |  |                                     |   |  |  |  |  |  |  |  |
| You are clair  | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                         |   |  |  |  |  |  |  |  |
|  |  |                                     |   |  |  |  |  |  |  |  |
| For any property   | y you list on <i>Schedule A/B</i> that yo                        | u claim as exempt, fill in t        | the information below.  |  |  |  |  |  |  |  |
| Brief description of the property and line on Current value of the Amount of the exemption you claim Schedule A/B that lists this property portion you own |  |                                     |   | Specific laws that allow exemption     |  |  |  |  |  |  |
|  |  | Copy the value from<br>Schedule A/B | Check only one box for each exemption                           |  |  |  |  |  |  |  |
| Brief description:   | 2012 Buick Regal with over 17,000 miles                          | \$_9,747                            | \$_ 2,400   | 735 ILCS 5/12-1001(c) - \$2,400.00     |  |  |  |  |  |  |
| Line from Schedule A/B:  | 03   |                                     | 100% of fair market value, up to any applicable statutory limit |  |  |  |  |  |  |  |
| Brief description:   | Furniture, linens, small appliances, table & chairs, bedroom set | \$_1,000                            | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00     |  |  |  |  |  |  |
| Line from Schedule A/B:  | 06   |                                     | 100% of fair market value, up to any applicable statutory limit |  |  |  |  |  |  |  |
| Brief description:   | Flat screen TV, computer, printer, music collection, cell phone  | \$ <u>1,000</u>                     | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00     |  |  |  |  |  |  |
| Line from Schedule A/B:  | 07   |                                     | 100% of fair market value, up to any applicable statutory limit |  |  |  |  |  |  |  |
| Brief description:   | Everyday clothes, coats, shoes, accessories                      | \$_2,000                            | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$2,000.00 |  |  |  |  |  |  |
| Line from Schedule A/B:  | <u>11</u>  |                                     | 100% of fair market value, up to any applicable statutory limit |  |  |  |  |  |  |  |
|  |  |                                     |   |  |  |  |  |  |  |  |
| Official Form 106C   | Record # 736464  | Schedule C: T                       | he Property You Claim as Exempt                                 | Page 1 of 2                            |  |  |  |  |  |  |

Entered 06/07/17 11:28:30 Desc Main Case 17-17416 Doc 1 Filed 06/07/17 Page 17 of 53 Number (if known)

Document Dannita

Debtor 1

Middle Name **Additional Page** Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Schedule A/B that lists this property Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(a),(e) - \$500.00 Brief Jewelry description: \$ 500 Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$92.00 Brief Checking Account, Chase Bank, 92 description: 92.00 100% of fair market value, up to Line from 17 Schedule A/B: any applicable statutory limit Brief Savings Account, Chase Bank, 735 ILCS 5/12-1001(b) - \$200.00 200.00 \$ 200 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit Brief Checking Account, First Credit 735 ILCS 5/12-1001(b) - \$1,400.00 \$ 1,400 Money Market, 1,400.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1006 - \$0.00 Brief 401(k) or similar plan, 401k, 45,000 45,000.00 description: Line from 100% of fair market value, up to Schedule A/B: 21 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  $\square$  No ☐ Yes.

Schedule C: The Property You Claim as Exempt

| Fill in this in                 |                                    | 7 17/16 Do                | oc 1   | Entered 06/07/1<br>8 of 53    | 17 11:28:30  | Desc Main                                    |                          |
|---------------------------------|------------------------------------|---------------------------|--|-------------------------------|--|--|--------------------------|
| Debtor 1                        | Dannita                            |                           | Scrutchions  |                               |  |  |                          |
|                                 | First Name                         | Middle Name               | Last Name  |                               |  |  |                          |
| Debtor 2<br>(Spouse, if filing) | First Name                         | Middle Name               | Last Name  |                               |  |  |                          |
| (Opodoo, II IIIII)g)            | T HOLTHAND                         | middle Name               | Lactrianic   |                               |  |  |                          |
| United States                   | Bankruptcy Court                   | for the : <u>NORTHERN</u> | District of <u>ILLINOIS</u> (State)  |                               |  |  |                          |
| Case Number                     |                                    |                           |  |                               |  | Check if this                                | s is an                  |
| (If known)                      |                                    |                           |  |                               |  | amended fil                                  | ing                      |
| Official Fo                     | orm 106D                           | <u>)</u>                  |  |                               |  |  |                          |
| Schedule                        | D: Credite                         | ors Who Have              | Claims Secured by I  | Property                      |  |  | 12/15                    |
| ☐ No. Ch ☐ Yes. Fil             |                                    | rmation below.            | roperty?<br>e court with your other schedules. Yo  | ou have nothing else to repo  | rt on this form.                                       |  |                          |
|                                 |                                    |                           |  |                               | Column A   | Column A                                     | Column C                 |
| for each cl                     | aim. If more tha                   | n one creditor has a pa   | an one secured claim, list the creditor<br>articular claim, list the other creditors<br>al order according to the creditors na | s in Part 2.                  | Amount of claim  Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 ALLY F                      | inancial                           |                           | Describe the property that secur   | es the claim:                 | <b>\$_14,425.00</b>                                    | <b>\$</b> 9,747.00                           | <b>\$</b> 4,678.00       |
| Creditor's I                    |                                    |                           | 2012 Buick Regal with over 17,0  | 000 miles                     |  |  |                          |
| 200 Rer<br>Number               | naissance Ctr<br>Street            |                           |  |                               |  |  |                          |
|                                 |                                    |                           | As of the date you file, the claim   | is: Check all that apply      |  |  |                          |
| -                               |                                    |                           | Contingent   | ior chock an anacappiy.       |  |  |                          |
| Detroit                         |                                    | MI 48243                  | Unliquidated   |                               |  |  |                          |
| City                            |                                    | State Zip Code            | Disputed   |                               |  |  |                          |
| Who owes                        | the debt? Check                    | one.                      | Nature of Lien. Check all that appl  | y.                            |  |  |                          |
| Debtor                          | ,                                  |                           | An agreement you made (such a  | s mortgage or secured         |  |  |                          |
| Debtor 2                        | -                                  |                           | car loan)  |                               |  |  |                          |
| =                               | 1 and Debtor 2 only                |                           | Statutory lien (such as tax lien, n  | nechanic's lien)              |  |  |                          |
| At least                        | one of the debtors                 | and another               | Judgment lien from a lawsuit  Other (including a right to offset)  |                               |  |  |                          |
|                                 | if this claim relat                | es to a                   |  |                               |  |  |                          |
|                                 | ınity debt<br>was incurred         | 2015-06-19                | Last 4 digits of account number  | 4872                          |  |  |                          |
|                                 |                                    | Notified for a Debt Tha   | t You Already Listed   |                               |  |  |                          |
|                                 |                                    |                           | -  |                               |  |  |                          |
| trying to collect               | from you for a door for any of the | ebt you owe to someor     | out your bankruptcy for a debt that yone else, list the creditor in Part 1, and Part 1, list the additional creditors he       | then list the collection agen | cy here. Similarly, if yo                              | u have more                                  |                          |
| iii i uit 1,                    |                                    |                           |  |                               |  |  |                          |

| Fill  | n this inf  | Caso 17 17/116<br>formation to identify your case   |  | Filad 06/0  | 17/17  |  | d 06/07/17 11<br>of 53  | L:28:30   | Desc Main                          |                            |
|---|---|---|--|---|--|--|---|---|------------------------------------|----------------------------|
|   |   |   |  |   |  | 9  | 01 55   |   |                                    |                            |
| Deb   | tor 1   | Dannita   |  | Scru  | utchions   |  |   |   |                                    |                            |
|   |   | First Name Mid  | idle Name  | Last Nar  | ne   |  |   |   |                                    |                            |
|   | tor 2<br>se, if filing)                                     | First Name Mic  | idle Name  | Last Nar  |  |  |   |   |                                    |                            |
| (орос   | 50, ii iiiiig)  | THE   | ado ramo   | Lactival  |  |  |   |   |                                    |                            |
| Unit  | ed States I   | Bankruptcy Court for the : <u>NORTH</u>   | HERN Distr   | rict of <u>ILLINOIS</u><br>(State)  |  |  |   |   |                                    |                            |
|   | e Number  |   |  |   |  |  |   |   |                                    | f this is an               |
|   | nown)   |   |  |   |  |  |   |   | amende                             | ed filing                  |
| Offic   | cial Fo   | orm 106E/F  |  |   |  |  |   |   |                                    |                            |
| se as o<br>list the<br>l/B: Pr<br>redito<br>eeded | omplete<br>other pa<br>operty (C<br>rs with pa<br>, copy th | E/F: Creditors Who and accurate as possible. Use thy to any executory contracts official Form 106A/B) and on Se artially secured claims that are e Part you need, fill it out, num ional pages, write your name a | Part 1 for of or unexpired of the dule G: a listed in Suber the enterprise of the en | creditors with PRIOI red leases that could<br>Executory Contrac<br>chedule D: Creditor<br>tries in the boxes or | RITY claims a<br>d result in a c<br>ts and Unexp<br>s Who Have | claim. Also I<br>pired Leases<br>Claims Sec        | list executory contra<br>s (Official Form 1060<br>ured by Property. If        | cts on <i>Schedu</i><br>6). Do not inclu<br>more space is | le<br>ide any                      | 12/15                      |
| Pari  | 11: L   | ist All of Your PRIORITY Unsecu   | red Claims   |   |  |  |   |   |                                    |                            |
| 1. <b>Do</b>                                      | any cred  | litors have priority unsecured  | claims aga   | inst you?   |  |  |   |   |                                    |                            |
|   | No. Go  | to Part 2.  |  |   |  |  |   |   |                                    |                            |
|   | Yes.  |   |  |   |  |  |   |   |                                    |                            |
| ea<br>no<br>un                                    | ch claim I<br>npriority a<br>secured o                      | our priority unsecured claims. isted, identify what type of claim amounts. As much as possible, claims, fill out the Continuation Flanation of each type of claim, s  | n it is. If a cl<br>list the clain<br>Page of Par  | aim has both priority<br>ns in alphabetical ord<br>t 1. If more than one  | and nonprior<br>der according<br>creditor holds                | rity amounts,<br>g to the credit<br>s a particular | list that claim here a<br>tor's name. If you hav<br>r claim, list the other o | nd show both p<br>re more than tw<br>creditors in Part    | riority and<br>ro priority<br>t 3. |                            |
|   |   |   |  |   |  |  |   | Total claim   | Priority<br>amount                 | Nonpriority amount         |
| Part  | 2: L  | ist All of Your NONPRIORITY Un  | secured Cla  | ims   |  |  |   |   |                                    |                            |
| 3. <b>Do</b>                                      | any cred  | litors have nonpriority unsecu  | red claims   | against you?  |  |  |   |   |                                    |                            |
|   | No. You   | u have nothing to report in this p  | art. Submi   | t this form to the cou  | rt with your o   | ther schedul                                       | es.   |   |                                    |                            |
|   | Yes.  |   |  |   |  |  |   |   |                                    |                            |
| no<br>inc   | npriority ul  | our nonpriority unsecured clain<br>unsecured claim, list the creditor<br>Part 1. If more than one creditor<br>ut the Continuation Page of Part  | separately<br>holds a par  | for each claim. For   | each claim lis   | sted, identify                                     | what type of claim it i   | s. Do not list cla  | aims already                       |                            |
| 4.4   | Capital (   | ONE BANK USA N  |  | ant 4 digita of accou   | nt number  | NULL   |   |   |                                    | Total claim<br>\$ 1,227.00 |
| 4.1   | Creditor's N  |   |  | _ast 4 digits of accou  |  |  |   |   |                                    | Ψ,==                       |
|   | 15000 C<br>Number   | apital One Dr<br>Street   | _  | When was the debt in  | curred?  | 2002-20  |   |   |                                    |                            |
|   | Number  | Street  |  | As of the date you file   | the claim is   | . Chook all the                                    | at apply  |   |                                    |                            |
|   |   |   | – ŕ  | Contingent  | , tile claim is.   | . Check all the                                    | ат арріу.   |   |                                    |                            |
|   | Richmor   |   | _  | Unliquidated  |  |  |   |   |                                    |                            |
| W   | City<br>/ho owes  | State Zip Coo<br>the debt? Check one.   | de [   | Disputed  |  |  |   |   |                                    |                            |
|   | Debtor 1  | only  |  |   |  |  |   |   |                                    |                            |
|   | Debtor 2  | ? only  |  | Type of NONPRIORIT  | Y unsecured  | claim:   |   |   |                                    |                            |
|   | Debtor 1  | and Debtor 2 only   | إ  | Student loans   |  |  |   |   |                                    |                            |
|   | At least  | one of the debtors and another  | L  | Obligations arising of  |  | -  | t or divorce  |   |                                    |                            |
|   | _   | f this claim relates to a   | Г  | that you did not repo   |  |  | or cimilar dobto  |   |                                    |                            |
| Is  |   | nity debt<br>1 subject to offest?   | L  | Debits to pension or  | pront-snaring p  | vians, and othe                                    | ei siiiiilai dedis  |   |                                    |                            |
| Î   | No  | •   |  | Other. Specify C  | redit Card or  | Credit Use   |   |   |                                    |                            |
| Ī   | Yes   |   |  |   |  |  |   |   |                                    |                            |

| Jebloi i |         |          |       | Coratomono | Case Number (II known)      | ***** |
|----------|---------|----------|-------|------------|-----------------------------|-------|
| Debtor 1 | Dannita |          |       | <u> </u>   | Page 20 of 53 (if known)    |       |
|          | Case    | L/-1/410 | DOC T |            | EIII.EIEU 00/07/11 11.20.30 |       |

| Par       | Your NONPRIORITY Unsecured Claims -                | Continuation Page   |                    |
|-----------|--|---|--------------------|
| After li  | sting any entries on this page, number them l      | beginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
| 4.2       | Christ Hospital                                    | Last 4 digits of account number                                   | <u>\$ 200.00</u>   |
|           | Creditor's Name                                    |   |                    |
|           | 4440 W. 95th St.                                   | When was the debt incurred?                                       |                    |
|           | Number Street                                      |   |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           | Oak Lawn IL 60453                                  | Contingent  |                    |
|           | City State Zip Code                                | Unliquidated  |                    |
| v         | Who owes the debt? Check one.                      | Disputed  |                    |
|           | Debtor 1 only                                      |   |                    |
|           | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|           | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|           | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| [         | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|           | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|           | s the claim subject to offest?                     | _   |                    |
|           | No   | Other. Specify Medical/Dental Services                            |                    |
| 4.3       | Yes COMENITY BANK/Carsons                          | Last 4 digits of account number NULL                              | <b>\$</b> 181.00   |
| 4.5       | Creditor's Name                                    |   | <del></del>        |
|           | 3100 Easton Square PI                              | When was the debt incurred? 2016-2016                             |                    |
|           | Number Street                                      |   |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           |  | Contingent  |                    |
|           | Columbus OH 43219                                  | Unliquidated  |                    |
| ١.,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
| li        | Debtor 1 only                                      |   |                    |
| li        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| l i       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| l i       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| l i       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| '         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| <u> </u>  | s the claim subject to offest?                     | _   |                    |
|           | No   | Other. Specify Credit Card or Credit Use                          |                    |
| $\square$ | Yes COMENITY BANK/Pagereles                        | AHH I   | + 0 500 00         |
| 4.4       | COMENITY BANK/Roompice                             | Last 4 digits of account number NULL                              | \$ <u>2,529.00</u> |
|           | Creditor's Name Po Box 182789                      | When was the debt incurred? 2013-2016                             |                    |
|           | Number Street                                      |   |                    |
|           |  | A a of the class was file the claim in Charles II that and        |                    |
|           | <del></del>  | As of the date you file, the claim is: Check all that apply.      |                    |
|           | Columbus OH 43218                                  | ☐ Contingent ☐ Unliquidated                                       |                    |
| l .       | City State Zip Code                                |   |                    |
| '         | Who owes the debt? Check one.                      | Disputed  |                    |
|           | Debtor 1 only                                      |   |                    |
|           | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|           | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                    |
|           | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| L         | Check if this claim relates to a community debt    | that you did not report as priority claims                        |                    |
| 1         | community debt s the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                    |
|           | No   | Other. Specify Credit Card or Credit Use                          |                    |
| Ī         | Yes  | Carlot. Opcomy  |                    |

Page 21 of 53 **Document** Dannita Debtor 1

| ting any entries on this page, number then       | n beginning with 4.4, followed by 4.5, and so forth.              | Total Cla          |
|--|---|--------------------|
| Fifth Third BANK                                 | Last 4 digits of account numberNULL                               | <b>\$_4</b> ,369.0 |
| Creditor's Name                                  | When was the debt incurred? 2011-2013                             |                    |
| 5050 Kingsley Dr                                 | When was the debt incurred?                                       |                    |
| Number Street                                    |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
| Observation at 1                                 | Contingent  |                    |
| Cincinnati OH 45227                              | Unliquidated  |                    |
| City State Zip Code ho owes the debt? Check one. | Disputed  |                    |
| Debtor 1 only                                    |   |                    |
| Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                       | Student loans   |                    |
| At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| the claim subject to offest?                     |   |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  |   | . 00.00            |
| Northwestern Memorial Hospital                   | Last 4 digits of account number                                   | \$ <u>60.00</u>    |
| Creditor's Name<br>251 E. Huron St.              | When was the debt incurred?                                       |                    |
| Number Street                                    | When was the dept incurred:                                       |                    |
| Number Street                                    |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
| Chicago IL 60611                                 | Contingent  |                    |
| City State Zip Code                              | Unliquidated  |                    |
| ho owes the debt? Check one.                     | Disputed  |                    |
| Debtor 1 only                                    |   |                    |
| Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                       | Student loans   |                    |
| At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| the claim subject to offest?                     |   |                    |
| No   | Other. Specify Medical/Dental Services                            |                    |
| Yes  | NII II I  | ÷ 0.545.6          |
| Wffnatbank                                       | Last 4 digits of account number NULL                              | \$ <u>2,545.0</u>  |
| Creditor's Name Po Box 94498                     | When was the debt incurred? 2011-2015                             |                    |
| Number Street                                    | THICH Was the dest mounted:                                       |                    |
| Number Street                                    |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
| Las Vegas NV 89193                               | Contingent  |                    |
| City State Zip Code                              | Unliquidated  |                    |
| ho owes the debt? Check one.                     | Disputed  |                    |
| Debtor 1 only                                    |   |                    |
| Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                       | Student loans   |                    |
| At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| the claim subject to offest?                     | <u> </u>  |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  |   |                    |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Case 17-17416 Page 22 of 53 **Document** 

Dannita Debtor 1

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |  |            | Total claim |
|-----------------------------|--|------------|-------------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations   | 6a.        | \$0.00      |
|                             | 6b. Taxes and Certain other debts you owe the government   | 6b.        | \$0.00      |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$0.00      |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.   | 6d.        | \$0.00      |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$0.00      |
|                             |  |            |             |
|                             |  |            | Total claim |
| Total claims<br>from Part 2 | 6f. Student loans  | 6f.        | Total claim |
|                             | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                       | 6f.<br>6g. |             |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority   |            | \$0.00      |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other | 6g.        | \$          |

|       |                        | Caso 17              | 17/16 Doc 1   | Filad 06/07/17                       | Entor                         | ed 06/07/17                                    | 11:28:30                          | Desc Main                          |       |
|-------|------------------------|----------------------|---|--------------------------------------|-------------------------------|--|-----------------------------------|------------------------------------|-------|
| Fil   | ll in this in          | formation to ident   |   |                                      |                               | 3 of 53  |                                   |                                    |       |
| De    | ebtor 1                | Dannita              |   | Scrutchions                          |                               |  |                                   |                                    |       |
| De    | ebtor 2                | First Name           | Middle Name   | Last Name                            |                               |  |                                   |                                    |       |
| (Sp   | pouse, if filing)      | First Name           | Middle Name   | Last Name                            |                               |  |                                   |                                    |       |
| Uı    | nited States           | Bankruptcy Court for | the : <u>NORTHERN</u> District of                               | ILLINOIS (State)                     |                               |  |                                   |                                    |       |
|       | ase Number<br>f known) |                      |   | (otate)                              |                               |  |                                   | Check if this is<br>amended filing |       |
| Off   | icial Fo               | orm 106G             |   |                                      |                               |  |                                   |                                    |       |
| Sch   | nedule                 | G: Executo           | ory Contracts and   | <b>Unexpired Lea</b>                 | ses                           |  |                                   |                                    | 12/15 |
| nforr | nation. If n           | nore space is need   | possible. If two married peopl<br>ded, copy the additional page | , fill it out, number the er         | h are equall<br>ntries, and a | y responsible for su<br>attach it to this page | pplying correct . On the top of a | nny                                |       |
|       |                        | _                    | e and case number (if known)<br>contracts or unexpired leases   |                                      |                               |  |                                   |                                    |       |
| [     |                        | -                    | ubmit this form to the court with                               |                                      | ou have not                   | hing else to report on                         | this form.                        |                                    |       |
| Ī     | _                      |                      | nation below even if the contract                               |                                      |                               |  |                                   |                                    |       |
|       |                        |                      |   |                                      |                               |  |                                   |                                    |       |
|       |                        |                      | or company with whom you hacell phone). See the instructio      |                                      |                               |  |                                   |                                    |       |
|       | nexpired le            |                      | cen priorie). See the instructio                                | 115 101 11115 101111 111 1116 111511 | TUCTION DOOR                  | ilet for more example                          | s of executory co                 | ontracts and                       |       |
|       | Person or              | company with wh      | om you have the contract or                                     | lease                                |                               | State what the                                 | contract or lease                 | e is for                           |       |
| 2.1   |                        |                      |   |                                      |                               |  |                                   |                                    |       |
|       | Name                   |                      |   |                                      | -                             |  |                                   |                                    |       |
|       | Number                 | Street               |   |                                      | -                             |  |                                   |                                    |       |
|       | City                   |                      | State Zip   | Code                                 | _                             |  |                                   |                                    |       |
| 2.2   |                        |                      |   |                                      |                               |  |                                   |                                    |       |
|       | Name                   |                      |   |                                      | -                             |  |                                   |                                    |       |
|       | Number                 | Street               |   |                                      | -                             |  |                                   |                                    |       |
|       | City                   |                      | State Zip   | Code                                 | -                             |  |                                   |                                    |       |
| 2.3   |                        |                      |   |                                      |                               |  |                                   |                                    |       |
|       | Name                   |                      |   |                                      | -                             |  |                                   |                                    |       |
|       | Number                 | Street               |   |                                      | _                             |  |                                   |                                    |       |
|       | City                   |                      | State Zip   | Code                                 | -                             |  |                                   |                                    |       |
|       |                        |                      |   |                                      |                               |  |                                   |                                    |       |
| 2.4   | Nome                   |                      |   |                                      | -                             |  |                                   |                                    |       |
|       | Name                   |                      |   |                                      | _                             |  |                                   |                                    |       |
|       | Number                 | Street               |   |                                      |                               |  |                                   |                                    |       |
|       | City                   |                      | State Zip   | Code                                 | =                             |  |                                   |                                    |       |
| 2.5   |                        |                      |   |                                      |                               |  |                                   |                                    |       |
|       | Name                   |                      |   |                                      | =                             |  |                                   |                                    |       |
|       | Number                 | Street               |   |                                      | =                             |  |                                   |                                    |       |
|       |                        |                      |   |                                      |                               |  |                                   |                                    |       |

State Zip Code

City

| Fill in this in     | formation to ide     | ntify your case:                       |                 |
|---------------------|----------------------|--|-----------------|
| Debtor 1            | Dannita              |  | Scrutchions     |
|                     | First Name           | Middle Name                            | Last Name       |
| Debtor 2            |                      |  |                 |
| (Spouse, if filing) | First Name           | Middle Name                            | Last Name       |
| United States       | Bankruptcy Court for | or the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                    |  | _               |
| (If known)          |                      |  |                 |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. [        | Oo you have any codebtors? (If you are                                  | filing a joint case, do not list | either spouse as a codebt | tor.)   |
|-------------|---|----------------------------------|---------------------------|---|
| ı           | No.   |                                  |                           |   |
| Ī           | Yes   |                                  |                           |   |
| 2. <b>V</b> | —<br>Vithin the last 8 years, have you lived ir                         | a community property sta         | te or territory? (Commun. | ity property states and territories include   |
| /           | Arizona, California, Idaho, Lousiiana, Nev                              | rada, New Mexico, Puerto Ri      | ico, Texas, Washington, a | nd Wisconsin.)  |
|             | No. Go to line 3.   |                                  |                           |   |
|             | Yes. Did your spouse, former spouse                                     | e, or legal equivalent live with | you at the time?          |   |
|             | No Yes Inwhich community state o  | r territory did you live?        | Fill in t                 | he name and current address of that person.   |
|             |   |                                  |                           |   |
|             | Name of your spouse, former spouse or leg                               | al equivalent                    |                           |   |
|             | Number Street   |                                  |                           |   |
|             | City  | State                            | Zip Code                  |   |
| 3. <b>I</b> | n Column 1, list all of your codebtors. E                               | o not include vour spouse        | as a codebtor if your spo | ouse is filing with you. List the person  |
|             |   |                                  |                           |   |
|             | Schedule E/F, or Schedule G to fill out C  Column 1: Your codebtor      | Column 2.                        |                           | Column 2: The creditor to whom you owe the debt   |
|             |   | Column 2.                        |                           | Check all schedules that apply:   |
|             | Column 1: Your codebtor   | Column 2.                        |                           |   |
|             |   | Column 2.                        |                           | Check all schedules that apply:   |
|             | Column 1: Your codebtor   | Column 2.                        |                           | Check all schedules that apply:  Schedule D, line   |
|             | Column 1: Your codebtor   | State                            | Zip Code                  | Check all schedules that apply:  Schedule D, line  Schedule E/F, line   |
| 3.1         | Number Street   |                                  | Zip Code                  | Check all schedules that apply:  Schedule D, line  Schedule E/F, line   |
| 3.1         | Number Street   |                                  | Zip Code                  | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line   |
| 3.1         | Name Number Street City   |                                  | Zip Code                  | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line   |
| 3.1         | Name Number Street City Name  |                                  | Zip Code                  | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line   |
| 3.1         | Column 1: Your codebtor  Name  Number Street  City  Name  Number Street | State                            |                           | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line   |
| 3.1         | Column 1: Your codebtor  Name  Number Street  City  Name  Number Street | State                            |                           | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line   |
| 3.1         | Name Number Street City  Name Number Street City                        | State                            |                           | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule E/F, line  Schedule E/F, line  Schedule G, line |

Official Form 106H Record # 736464 Schedule H: Your Codebtors Page 1 of 1

|                     |                     |                                  | DUGUIUEIU FAUE | <u> </u>                                 |
|---------------------|---------------------|----------------------------------|----------------|--|
| Fill in this in     | nformation to ident | ify your case:                   |                |  |
| Debtor 1            | Dannita             |                                  | Scrutchions    |  |
|                     | First Name          | Middle Name                      | Last Name      |  |
| Debtor 2            |                     |                                  |                |  |
| (Spouse, if filing) | First Name          | Middle Name                      | Last Name      |  |
|                     |                     | the : <u>NORTHERN DISTRICT (</u> | <del></del>    | Check if this is:                        |
| (If known)          |                     |                                  |                | An amended filing                        |
|                     |                     |                                  |                | A supplement showing post-petition       |
|                     |                     |                                  |                | chapter 13 income as of the following da |
|                     |                     |                                  |                |  |

### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Tt 1: Describe Employment  |                                 |                           |              |                                   |
|----|--|---------------------------------|---------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information  |                                 | Debtor 1                  |              | Debtor 2 or non-filling spouse    |
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status               | X Employed Not employed   |              | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.  | Occupation                      | Financial Advisor         |              |                                   |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name                  | NM HealthCare             |              |                                   |
|    |  | Employers address               | 251 East Huron St         | reet         |                                   |
|    |  |                                 | Chicago, IL 60611         |              | ,                                 |
|    |  | How long employed there?        | Since 8/1/2001            |              |                                   |
| Pa | Cive Details About Month   | ly Income                       |                           |              |                                   |
|    | spouse unless you are separated.   | ve more than one employer, comb | ine the information for a |              | ·                                 |
|    |  |                                 |                           | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | <b>List monthly gross wages, salar</b> deductions). If not paid monthly, o                         | -                               | \$4,613.81                | \$0.00       |                                   |
| 3. | Estimate and list monthly overti   | me pay.                         |                           | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line   | e 2 + line 3.                   |                           | \$4,613.81   | \$0.00                            |

 Official Form 106I
 Record # 736464
 Schedule I: Your Income
 Page 1 of 2

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 26 of 53

Dannita Debtor 1

First Name Middle Name Last Name Case Number (if known)

|             |                   |  |                   | For Debtor 1             | For Debtor 2 or non-filing spouse |                       |
|-------------|-------------------|--|-------------------|--------------------------|-----------------------------------|-----------------------|
|             | Cop               | y line 4 here  | 4.                | \$4,613.81               | \$0.00                            |                       |
| 5. <b>L</b> | ist all           | payroll deductions:  |                   |                          |                                   |                       |
|             | 5a. <b>1</b>      | Fax, Medicare, and Social Security deductions  | 5a.<br>_          | \$972.25                 | \$0.00                            |                       |
|             | 5b. <b>N</b>      | Mandatory contributions for retirement plans   | 5b.<br>_          | \$0.00                   | \$0.00                            |                       |
|             | 5c. <b>\</b>      | oluntary contributions for retirement plans  | 5c.               | \$0.00                   | \$0.00                            |                       |
|             | 5d. <b>F</b>      | Required repayments of retirement fund loans   | 5d.               | \$0.00                   | \$0.00                            |                       |
|             | 5e. <b>I</b>      | nsurance   | 5e.               | \$174.50                 | \$0.00                            |                       |
|             | 5f. <b>[</b>      | Domestic support obligations   | 5f.               | \$0.00                   | \$0.00                            |                       |
|             | 5g. <b>l</b>      | Jnion dues   | 5g.               | \$0.00                   | \$0.00                            |                       |
|             | 5h. <b>C</b>      | Other deductions. Specify: Life Insurance(D1), AD&D(D1), LTD(D1),  | 5h.               | \$133.92                 | \$0.00                            |                       |
| 6. <b>A</b> | dd the            | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.                | \$1,280.67               | \$0.00                            |                       |
| 7. C        | alcula            | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | \$3,333.13               | \$0.00                            |                       |
| 8. <b>L</b> | ist all           | other income regularly received:   | _                 |                          |                                   |                       |
|             | 8a.               | Net income from rental property and from operating a business,   |                   |                          |                                   |                       |
|             |                   | profession, or farm  |                   |                          |                                   |                       |
|             |                   | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |                   |                          |                                   |                       |
|             |                   | monthly net income.  | 8a.               | \$0.00                   | \$0.00                            |                       |
|             | 8b.               | Interest and dividends   | 8b.               | \$0.00                   | \$0.00                            |                       |
|             | 8c.               | Family support payments that you, a non-filing spouse, or a  | 8c.               | \$ 0.00                  | \$ 0.00                           |                       |
|             |                   | dependent regularly receive  |                   |                          |                                   |                       |
|             |                   | Include alimony, spousal support, child support, maintenance, divorce  |                   |                          |                                   |                       |
|             |                   | settlement, and property settlement.   |                   |                          |                                   |                       |
|             | 8d.               | Unemployment compensation  | 8d.               | \$0.00                   | \$0.00                            |                       |
|             | 8e.               | Social Security  | 8e.               | \$0.00                   | \$0.00                            |                       |
|             | 8f.               | Other government assistance that you regularly receive   | 8f.               | \$0.00                   | \$0.00                            |                       |
|             |                   | Include cash assistance and the value (if known) of any non-cash   |                   |                          |                                   |                       |
|             |                   | assistance that you receive, such as food stamps (benefits under the   |                   |                          |                                   |                       |
|             |                   | Supplemental Nutrition Assistance Program) or housing subsidies.   |                   |                          |                                   |                       |
|             |                   | Specify:   |                   |                          |                                   |                       |
|             | 8g.               | Pension or retirement income   | 8g.               | \$0.00                   | \$0.00                            |                       |
|             | 8h.               | Other monthly income. Specify:   | 8h.               | \$0.00                   | \$0.00                            |                       |
| 9.          | Add               | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.                | \$0.00                   | \$0.00                            |                       |
| 10.         | Calc              | ulate monthly income. Add line 7 + line 9.   | 10.               | \$3,333.13 +             | \$0.00                            | \$3,333.13            |
|             | Add               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | <u> </u>          | 40,000.10                | ψ0.00                             | ψ0,000.10             |
| 11.         | Incluothe<br>Do n | e all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, your friends or relatives.  In the contribution of the contr | our dependen      | o pay expenses listed in | Schedule J.                       | 11. \$0.00            |
| 12.         | hhΑ               | the amount in the last column of line 10 to the amount in line 11. The re  | sult is the com   | bined monthly income     |                                   |                       |
|             | Write             | e that amount on the Summary of Schedules and Statistical Summary of C   | ertain Liabilitie | •                        | applies                           | 12. <b>\$3,333.13</b> |
| 13.         | X                 | ou expect an increase or decrease within the year after you file this forr<br>No.<br>Yes. Explain:   | n <i>t</i>        |                          |                                   |                       |

| Fil           | l in this in                 | formation to identify yo   | ur case:  |  |                         |  |  |
|---------------|------------------------------|--|---|--|-------------------------|--|--|
| De            | ebtor 1                      | Dannita  |   | Scrutchions  | Check                   | if this is:                                  |  |
|               | 0                            | First Name   | Middle Name                                     | Last Name  | =                       | n amended filing                             |  |
|               | ebtor 2<br>couse, if filing) | First Name   | Middle Name                                     | Last Name  | _                       | supplement showing p come as of the followin |  |
| Uı            | nited States                 | Bankruptcy Court for the : _                                       | NORTHERN DISTRICT                               | OF ILLINOIS  | _                       |  |  |
|               | ase Number<br>f known)       |  |   |  | M                       | IM / DD / YYYY                               |  |
| O#            | ioial F                      | orm 106 l  |   |  |                         | separate filing for Debt                     |  |
|               |                              | <u>orm 106J</u>  |   |  | <u> </u>                | naintains a separate hou                     | usehold.   |
| Sc            | hedul                        | e J: Your Ex <sub>l</sub>  | penses  |  |                         |  | 12/14  |
| more<br>quest | space is r                   |  |   | ole are filing together, both and the top of any additional page |                         |  |  |
|               |                              | Describe Your Household  |   |  |                         |  |  |
| 1. 19         | =                            | Go to line 2.  Does Debtor 2 live in a s                           | separate household?<br>t file a separate Schedu | le J.  |                         |  |  |
| 2.            | Do you h                     | nave dependents?   | X No  |  | Dependent's relation    |  | The state of the s |
|               | Do not lis<br>Debtor 2       | st Debtor 1 and  |   | t this information for ndent                                     | Debtor 1 or Debtor 2    | age  | with you?  X No  |
|               | Do not st                    | tate the dependents'   |   |  |                         |  | Yes  |
|               | names.                       |  |   |  |                         |  | X No   |
|               |                              |  |   |  |                         |  | Yes  |
|               |                              |  |   |  |                         |  | X No   |
|               |                              |  |   |  |                         |  | Yes  |
|               |                              |  |   |  |                         |  | X No   |
|               |                              |  |   |  |                         |  | Yes  |
|               |                              |  |   |  |                         |  | X No   |
|               |                              |  |   |  |                         |  | Yes  |
| 3.            | expense                      | expenses include<br>s of people other than<br>and your dependents? | X No<br>Yes                                     |  |                         |  |  |
| Par           | t 2:                         | stimate Your Ongoing Mo  | onthly Expenses                                 |  |                         |  |  |
|               | -                            |  |   | less you are using this form                                     |                         | -  |  |
|               | nses as o<br>pplicable       |  | iptcy is filed. If this is a                    | a supplemental <i>Schedule J</i> , c                             | neck the box at the top | of the form and fill in                      |  |
|               | -                            |  | =   | ance if you know the value Income (Official Form 106I.)          |                         |  | Your expenses  |
| 4.            | The rent                     | al or home ownership e   | expenses for your resid                         | lence. Include first mortgage                                    | payments and            | -  |  |
|               | any rent                     | for the ground or lot.   |   |  |                         | 4.   | \$1,100.00   |
|               | If not inc                   | cluded in line 4:  |   |  |                         |  |  |
|               |                              | al estate taxes  |   |  |                         | 4a.  | \$0.00   |
|               |                              | operty, homeowner's, or  |   |  |                         | 4b.  | \$0.00   |
|               |                              | me maintenance, repair,  |   |  |                         | 4c.  | \$0.00   |
|               | 4d. Ho                       | meowner's association of   | or condominium dues                             |  |                         | 4d.  | \$0.00   |

Page 1 of 3

Last Name

Document

Middle Name

Dannita

First Name

Debtor 1

Case Number (if known) \_

Page 2 of 3

|                | First Name Middle Name Last Name   |      |             |          |
|----------------|--|------|-------------|----------|
|                |  |      | Your expens | es       |
| 5. <b>A</b>    | dditional Mortgage payments for your residence, such as home equity loans                            | 5.   |             | \$0.00   |
| 6. <b>U</b>    | tilities:  |      |             |          |
| 6              | a. Electricity, heat, natural gas  | 6a.  |             | \$300.00 |
| 61             | b. Water, sewer, garbage collection  | 6b.  |             | \$0.00   |
| 60             | c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |             | \$330.00 |
| 60             | d. Other. Specify:   | 6d.  | \$          | 0.00     |
| 7. <b>F</b>    | pod and housekeeping supplies  | 7.   |             | \$400.00 |
| 8. <b>C</b>    | hildcare and children's education costs  | 8.   |             | \$0.00   |
| 9. <b>C</b>    | lothing, laundry, and dry cleaning   | 9.   |             | \$120.00 |
| 10. <b>P</b>   | ersonal care products and services   | 10.  |             | \$80.00  |
| 11. <b>M</b>   | edical and dental expenses   | 11.  |             | \$50.00  |
| 12. <b>T</b> ı | ransportation. Include gas, maintenance, bus or train fare.  | 12.  |             | \$383.00 |
| D              | o not include car payments.  |      |             |          |
| 13. <b>E</b>   | ntertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |             | \$44.00  |
| 14. <b>C</b>   | haritable contributions and religious donations  | 14.  |             | \$0.00   |
| 15. In         | surance.   |      |             |          |
| D              | o not include insurance deducted from your pay or included in lines 4 or 20.                         |      |             |          |
| 1              | 5a. Life insurance   | 15a. |             | \$0.00   |
| 15             | 5b. Health insurance   | 15b. |             | \$0.00   |
| 1              | 5c. Vehicle insurance  | 15c. |             | \$180.00 |
| 1              | 5d. Other insurance. Specify:  | 15d. |             | \$0.00   |
| 16. <b>T</b> a | axes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |             |          |
| S              | pecify:  | 16.  |             | \$0.00   |
| 17. In         | stallment or lease payments:   |      |             |          |
| 17             | 7a. Car payments for Vehicle 1   | 17a. |             | \$346.07 |
| 1              | 7b. Car payments for Vehicle 2   | 17b. |             | \$0.00   |
| 1              | 7c. Other. Specify:  | 17c. |             | \$0.00   |
| 1              | 7d. Other. Specify:  | 17d. |             | \$0.00   |
| 18. <b>Y</b>   | our payments of alimony, maintenance, and support that you did not report as deducted                |      |             |          |
| fr             | om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                          | 18.  |             | \$0.00   |
| 19. <b>O</b>   | ther payments you make to support others who do not live with you.                                   |      |             |          |
| s              | pecify:  | 19.  |             | \$0.00   |
|                | ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |             |          |
| 20             | Da. Mortgages on other property  | 20a. |             | \$ 0.00  |
|                | Db. Real estate taxes  | 20b. | \$          | 0.00     |
| 20             | Oc. Property, homeowner's, or renter's insurance   | 20c. | \$          | 0.00     |
|                | Dd. Maintenance, repair, and upkeep expenses   | 20d. | \$          | 0.00     |
|                | De. Homeowner's association or condominium dues  | 20e. | \$          | 0.00     |

Official Form 106J Record # 736464 Schedule J: Your Expenses Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 29 of 53

Dannita Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$0.00 21. 21. Other. Specify: \_ 22.. Your monthly expense: Add lines 4 through 21. \$3,333.07 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$3,333.13 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,333.07 23b. Copy your monthly expenses from line 22 above. 23b.-\$0.06 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 736464 Schedule J: Your Expenses Page 3 of 3

| Fill in this in           | formation to ident      | tify your case:                   |             |  |
|---------------------------|-------------------------|-----------------------------------|-------------|--|
| Debtor 1                  | <sub>or 1</sub> Dannita |                                   | Scrutchions |  |
|                           | First Name              | Middle Name                       | Last Name   |  |
| Debtor 2                  |                         |                                   |             |  |
| (Spouse, if filing)       | First Name              | Middle Name                       | Last Name   |  |
| United States Case Number |                         | the : <u>NORTHERN</u> District of | (State)     |  |

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an                 | attorney to help you fill out bankruptcy forms?   |
| ■ No  |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have read the correct. | e summary and schedules filed with this declaration and that they are true and                |
|   |   |
| /s/ Dannita Scrutchions Signature of Debtor 1                     | Signature of Debtor 2   |
| Orginatore of Beston  | orgination of botton 2  |
| Date 06/05/2017<br>MM / DD / YYYY                                 | DateMM / DD / YYYY  |
| / 55 /  | / 25 /  |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 31 of 53

| Fill in this in           | formation to ide | entify your case:                       |                     |
|---------------------------|------------------|---|---------------------|
| Debtor 1                  | Dannita          |   | Scrutchions         |
|                           | First Name       | Middle Name                             | Last Name           |
| Debtor 2                  |                  |   |                     |
| (Spouse, if filing)       | First Name       | Middle Name                             | Last Name           |
| United States             | Bankruptcy Court | for the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number<br>(If known) | ·                |   | _                   |

# Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question. |   |                       |             |                |  |  |  |  |  |
|---|---|-----------------------|-------------|----------------|--|--|--|--|--|
| P   | Give Details About Your Marital Status and Where Yo   | u Lived Before        |             |                |  |  |  |  |  |
| 01.                                       | 01. What is your current marital status?  |                       |             |                |  |  |  |  |  |
|   | Married   |                       |             |                |  |  |  |  |  |
|   | Not married   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
| 02  | During the last 3 years, have you lived anywhere other that<br>—  | n where you live now  | ?           |                |  |  |  |  |  |
|   | ■ No.  Yes. List all of the places you lived in the last 3 years. Do  | not include where ve  | u livo nov  |                |  |  |  |  |  |
|   | Tes. List all of the places you lived in the last 3 years. Do   | Thot include where yo | u iive now. |                |  |  |  |  |  |
|   | Debtor 1  | Dates Debtor 1        | Debtor 2:   | Dates Debtor 2 |  |  |  |  |  |
| 02  | NATISAL II AAA DAAA O O O O O O O O O O O O O O O   | lived there           | 2 (0        | lived there    |  |  |  |  |  |
|   | Within the last 8 years, did you ever live with a spouse or le<br>property states and territories include Arizona, California, l<br>and Wisconsin.) |                       |             |                |  |  |  |  |  |
|   | No.   |                       |             |                |  |  |  |  |  |
|   | Yes. Make sure you fill out Schedule H: Your Codebtors (  | Official Form 106H).  |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
| P   | Explain the Sources of Your Income  |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |
|   |   |                       |             |                |  |  |  |  |  |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 32 of 53 Debtor 1 Dannita Scrutchions Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$21,335 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$51,282 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, \$50,280 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Scrutchions

Page 33 of 53 Document

Case Number (if known) \_\_

|    | First Name   | Middle Name   | Last Name             |   |                             |  |  |  |  |
|----|--|---|-----------------------|---|-----------------------------|--|--|--|--|
| 06 | Are either Debt  | or 1's or Debtor 2's debts primarily co   | nsumer debts?         |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    | _  | Debtor 1 nor Debtor 2 has primarily c   |                       |   | ned in 11 U.S.C. § 101(8) a | as   |  |  |  |
|    | "incurred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? |   |                       |   |                             |  |  |  |  |
|    | Duning   | the 90 days before you filed for bankrup  | ncy, did you pay an   | iy creditor a total or \$0,             | 225 of filore?              |  |  |  |  |
|    | ☐ No. Go to line 7.  |   |                       |   |                             |  |  |  |  |
|    | Пур  | s. List below each creditor to whom you   | naid a total of \$6.2 | 225* or more in one or r                | more navments and the       |  |  |  |  |
|    |  | al amount you paid that creditor. Do not  |                       |   |                             |  |  |  |  |
|    |  | ild support and alimony. Also, do not inc   |                       | • | •                           |  |  |  |  |
|    | * Subject to   | adjustment on 4/01/16 and every 3 year  | rs after that for cas | es filed on or after the                | date of adjustment.         |  |  |  |  |
|    | _  | or 1 or Debtor 2 or both have primarily   |                       |   |                             |  |  |  |  |
|    | During   | g the 90 days before you filed for bankru   | ıptcy, did you pay a  | any creditor a total of \$6             | 600 or more?                |  |  |  |  |
|    | ☐ No. Go to line 7.  |   |                       |   |                             |  |  |  |  |
|    | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that   |   |                       |   |                             |  |  |  |  |
|    | cre  | editor. Do not include payments for dome  | estic support obliga  | tions, such as child sup                | pport and                   |  |  |  |  |
|    | alir   | mony. Also, do not include payments to  | an attorney for this  | bankruptcy case.                        |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    |  |   | Dates of              | Total amount paid                       | Amount you still            | owe Was this payment for                           |  |  |  |
|    |  |   | payments              |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    |  | ALLY Financial 200 Renaissance  | Monthly               | \$ 1,038                                | \$ 13,387                   | Mortgage   |  |  |  |
|    |  | Ctr Detroit MI 48243  |                       |   |                             | Car  |  |  |  |
|    |  |   |                       |   |                             | Credit card  |  |  |  |
|    |  |   |                       |   |                             | Loan repayment                                     |  |  |  |
|    |  |   |                       |   |                             | Suppliers or vendors Other                         |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
| 07 | Within 1 year he   | efore you filed for bankruptcy, did you ma  | ake a navment on a    | a deht vou owed anvon                   | e who was an insider?       |  |  |  |  |
|    | Insiders include   | your relatives; any general partners; relatives; relatives;                           | atives of any gener   | al partners; partnership                | os of which you are a gener | •  |  |  |  |
|    | •  | which you are an officer, director, persor<br>one for a business you operate as a sol |                       |   |                             | , , ,  |  |  |  |
|    |  | ipport and alimony.   | ie proprietor. 11 O.  | o.o. g To 1. Include pay                | ments for domestic suppor   | t obligations,                                     |  |  |  |
|    | No.  |   |                       |   |                             |  |  |  |  |
|    | =  | payments to an insider.   |                       |   |                             |  |  |  |  |
|    | _  |   | Dates of              | Total amount                            | Amount you still            | Reason for this payment                            |  |  |  |
|    |  |   | payment               | paid                                    | owe                         |  |  |  |  |
| 08 | Within 1 year be   | efore you filed for bankruptcy, did you ma  | ake any payments      | or transfer any property                | on account of a debt that   | benefited  |  |  |  |
|    | an insider?  | ts on debts guaranteed or cosigned by a   | an insider            |   |                             |  |  |  |  |
|    | _  | to on debte guaranteed or congred by e  | ari moider.           |   |                             |  |  |  |  |
|    | No.  | novemento to or insides   |                       |   |                             |  |  |  |  |
|    | Yes. List all  | payments to an insider.   | Dates of              | Total amount                            | Amount you still            | Pageon for this neumant                            |  |  |  |
|    |  |   | Dates of<br>payment   | Total amount paid                       | Amount you still owe        | Reason for this payment<br>Include creditor's name |  |  |  |
|    |  | Jamel potione Bourses ' ' '   |                       |   |                             |  |  |  |  |
|    | art 4: Identify  | / Legal actions, Repossessions, and Fore  | ciosures              |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |
|    |  |   |                       |   |                             |  |  |  |  |

Dannita

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 34 of 53

| Debt | or 1  | Dannita   |                            | Scrutchions                       | Case Number (if kno  | own)                     |                    |
|------|-------|---|----------------------------|-----------------------------------|--|--------------------------|--------------------|
|      |       | First Name  | Middle Name                | Last Name                         |  |                          |                    |
| 09   | List  |   | g personal injury cases, s |                                   | tion, or administrative proceeding ollection suits, paternity actions, s |                          |                    |
|      |       | No.   |                            |                                   |  |                          |                    |
|      |       | Yes. Fill in the details.                                     |                            |                                   |  |                          |                    |
|      |       |   |                            | Nature of the case                | Court or agency  |                          | Status of the case |
| 10   |       | hin 1 year before you filed<br>eck all that apply and fill in |                            | of your property repossessed, f   | oreclosed, garnished, attached, so                                       | eized, or levied?        |                    |
|      |       | No. Go to line 11   |                            |                                   |  |                          |                    |
|      |       | Yes. Fill in the information                                  | below.                     |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
| 11   |       | thin 90 days before you fil<br>refuse to make a payment       |                            | <del>-</del>                      | or financial institution, set off an                                     | y amounts from y         | our accounts       |
|      |       | No. Go to line 11   |                            |                                   |  |                          |                    |
|      |       | Yes. Fill in the information                                  | below.                     |                                   |  |                          |                    |
| 12   |       | hin 1 year before you filed<br>irt-appointed receiver, a c    |                            |                                   | ession of an assignee for the be   | nefit of creditors       | , a                |
|      |       | No.   |                            |                                   |  |                          |                    |
|      | Ц     | Yes.  |                            |                                   |  |                          |                    |
| F    | art 5 | List Certain Gifts and  | Contributions              |                                   |  |                          |                    |
| 13   | Wit   | thin 2 years before you file                                  | ed for bankruptcy, did y   | ou give any gifts with a total v  | alue of more than \$600 per perso  | on?                      |                    |
|      | _     | No.   |                            |                                   |  |                          |                    |
|      | _     | Yes. Fill in the details for e                                | each gift.                 |                                   |  |                          |                    |
| 14   | _     |   |                            | ou give any gifts or contribution | ons with a total value of more that                                      | an \$600 to any ch       | arity?             |
|      | _     | No.   |                            | 5 75                              |  | •                        | ·                  |
|      | _     |   | each aift                  |                                   |  |                          |                    |
|      | Ш     | Yes. Fill in the details for e                                | each giit.                 |                                   |  |                          |                    |
|      | art 6 | List Certain Losses   |                            |                                   |  |                          |                    |
|      | all C |   |                            |                                   |  |                          |                    |
| 15   |       | thin 1 year before you file<br>mbling?                        | d for bankruptcy or sind   | ce you filed for bankruptcy, did  | l you lose anything because of th  | neft, fire, other di     | saster, or         |
|      |       | No.   |                            |                                   |  |                          |                    |
|      |       | Yes. Fill in the details for e                                | each gift.                 |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
| F    | art 7 | List Certain Payment  | s or Transfers             |                                   |  |                          |                    |
| 16   | cor   | nsulted about seeking bar                                     | nkruptcy or preparing a    | bankruptcy petition?              | ur behalf pay or transfer any pro  |                          | ou                 |
|      | П     | No.   |                            |                                   |  |                          |                    |
|      |       | Yes. Fill in the details                                      |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
|      |       | Party Contact Info  |                            | Description and value of any      | property transferred   | Date payment or transfer | Amount of payment  |
|      |       | Geraci Law L.L.C.   |                            |                                   |  |                          | \$1,500.00         |
|      |       | 55 E. Monroe Street #34                                       | 100                        |                                   |  |                          |                    |
|      |       | Chicago,IL 60603  |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
|      |       |   |                            |                                   |  |                          |                    |
| 1    |       |   |                            |                                   |  |                          |                    |

Document

Scrutchions

Page 35 of 53

Case Number (if known) \_\_

|    | First Name   | Middle Name                                 | Last Name   |                               |  |   |
|----|--|---|---|-------------------------------|--|---|
|    | Party Contact Info   |   | Description and value of                              | any property transferred      | Date payr or transfe                                 | * *                                     |
|    | Hananwill Credit Counseling  | a   | Credit Counseling Services                            | }                             | 2017   | \$25.00                                 |
|    | 115 N. Cross St.   | <u> </u>                                    |   |                               |  |   |
|    | Robinson, IL 62454   |   |   |                               |  |   |
|    | 1000115011, IL 02434   |   |   |                               |  |   |
|    |  |   |   |                               |  |   |
|    |  |   |   |                               |  |   |
|    |  |   |   |                               |  |   |
|    |  |   |   |                               |  |   |
| 17 | Within 1 year before you filed for promised to help you deal with Do not include any payment or  | your creditors or to r                      | make payments to your cre                             |                               | fer any property to any                              | rone who                                |
|    | No.  |   |   |                               |  |   |
|    | Yes. Fill in the details.  |   |   |                               |  |   |
|    |  |   |   |                               |  |   |
| 18 | Within 2 years before you filed the transferred in the ordinary cour linclude both outright transfers and transfer and transfers.      | se of your business of and transfers made a | or financial affairs?<br>is security (such as the gra | nting of a security intere    | -  |   |
|    | No.  |   |   |                               |  |   |
|    | Yes. Fill in the details for each  | h gift.                                     |   |                               |  |   |
|    |  |   |   |                               |  |   |
| 19 | Within 10 years before you filed beneficiary? (These are often ca  |   |   | o a self-settled trust or s   | imilar device of which                               | you are a                               |
|    | No.  |   |   |                               |  |   |
|    | Yes. Fill in the details for each  | h gift.                                     |   |                               |  |   |
|    |  |   |   |                               |  |   |
| i  | art 8: List Certain Financial Ac   | counts, Instruments, t                      | Safe Deposit Boxes, and Stor                          | age Units                     |  |   |
| 20 | Within 1 year before you filed for<br>sold, moved, or transferred?<br>Include checking, savings, mon<br>houses, pension funds, coopera | ney market, or other f                      | inancial accounts; certifica                          | ites of deposit; shares in    |  |   |
|    | ■ No. □ Yes. Fill in the details.  |   |   |                               |  |   |
|    |  | Last 4 d                                    | igits of account number                               | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|    |  |   |   |                               |  |   |
| 21 | Do you now have, or did you ha cash, or other valuables?   | eve within 1 year befo                      | ore you filed for bankruptcy                          | , any safe deposit box o      | r other depository for s                             | securities,                             |
|    | ☐ No.  |   |   |                               |  |   |
|    | Yes. Fill in the details.  |   |   |                               |  |   |
|    |  | Who els                                     | e had access to it?                                   | Describe the conter           | nts  | Do you still have it?                   |
|    | Chase Bank   | Dannita                                     | Scrutchions only                                      | Papers Only                   |  | No                                      |
|    | 10 S Dearborn St   |   |   | -                             |  | Yes                                     |
|    | Chicago, IL 60603  |   |   | -                             |  |   |
|    | Chicago, IL 00000  |   |   | -                             |  |   |
| _  |  | <del></del>                                 |   | -                             |  |   |
| 22 | Have you stored property in a s  | torage unit or place of                     | other than your home withi                            | n 1 year before you filed     | for bankruptcy?                                      |   |
|    | No.  |   |   |                               |  |   |
|    | Yes. Fill in the details.  |   |   |                               |  |   |
|    |  | Who els                                     | e has or had access to it?                            | Describe the conter           | nts  | Do you still                            |
|    |  |   |   |                               |  | have it?                                |

Dannita

Case Number (if known) \_

Page 36 of 53 Document Scrutchions Dannita

|     | First Name  | Middle Name        | Last Name   |   |                    |  |  |  |
|-----|---|--------------------|---|---|--------------------|--|--|--|
| li  | Identify Property You Ho  | ld or Control fo   | or Someone Else   |   |                    |  |  |  |
| 23  | Do you hold or control any prop for someone.  | perty that som     | eone else owns? Include any property                                | you borrowed from, are storing for, or ho   | ld in trust        |  |  |  |
|     | No.   |                    |   |   |                    |  |  |  |
|     | Yes. Fill in the details.   |                    |   |   |                    |  |  |  |
|     |   | ,                  | Where is the property?  | Describe the property                       | Value              |  |  |  |
| P   | Give Details About Enviro   | onmental Infor     | mation  |   |                    |  |  |  |
| For | r the purpose of Part 10, the follow  | wing definition    | ns apply:   |   |                    |  |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |                    |   |   |                    |  |  |  |
|     | Site means any location, facility, it or used to own, operate, or util  |                    |   | , whether you now own, operate, or utilize  | •                  |  |  |  |
|     | Hazardous material means anyth substance, hazardous material, p   | _                  | nmental law defines as a hazardous wa<br>taminant, or similar term. | ste, hazardous substance, toxic             |                    |  |  |  |
| Re  | port all notices, releases, and pro   | ceedings that      | you know about, regardless of when the                              | ney occurred.                               |                    |  |  |  |
| 24  | Has any governmental unit notif   | fied you that y    | ou may be liable or potentially liable ur                           | nder or in violation of an environmental la | w?                 |  |  |  |
|     | No.   |                    |   |   |                    |  |  |  |
|     | Yes. Fill in the details.   |                    |   |   |                    |  |  |  |
|     |   |                    | Governmental unit   | Environmental law, if you know it           | Date of notice     |  |  |  |
| 25  | Have you notified any governme  | ental unit of a    | ny release of hazardous material?                                   |   |                    |  |  |  |
|     | No.   |                    |   |   |                    |  |  |  |
|     | Yes. Fill in the details.   |                    |   |   |                    |  |  |  |
|     |   |                    | Governmental unit   | Environmental law, if you know it           | Date of notice     |  |  |  |
| 26  | Have you been a party in any jud  | dicial or admi     | nistrative proceeding under any enviro                              | nmental law? Include settlements and orc    | lers.              |  |  |  |
|     | No.   |                    |   |   |                    |  |  |  |
|     | Yes. Fill in the details.   |                    |   |   |                    |  |  |  |
|     |   | '                  | Court or agency   | Nature of the case                          | Status of the case |  |  |  |
| P   | Give Details About Your I   | Business or Co     | nnections to Any Business   |   |                    |  |  |  |
| 27  | Within 4 years before you filed f   | for bankruptcy     | y, did you own a business or have any o                             | of the following connections to any busin   | ess?               |  |  |  |
|     | A sole proprietor or self-  | employed in a      | trade, profession, or other activity, eit                           | her full-time or part-time                  |                    |  |  |  |
|     | A member of a limited lia   | ability compan     | y (LLC) or limited liability partnership (                          | LLP)  |                    |  |  |  |
|     | A partner in a partnership  | р                  |   |   |                    |  |  |  |
|     | An officer, director, or ma   | anaging exec       | utive of a corporation  |   |                    |  |  |  |
|     | An owner of at least 5% o   | of the voting o    | or equity securities of a corporation                               |   |                    |  |  |  |
|     | No. None of the above applie  | es. Go to Part     | 12.   |   |                    |  |  |  |
|     | Yes. Check all that apply abo   | ove and fill in th | ne details below for each business.                                 |   |                    |  |  |  |
| 28  | Within 2 years before you filed finstitutions, creditors, or other p  |                    | y, did you give a financial statement to a                          | anyone about your business? Include all     | financial          |  |  |  |
|     | No.   |                    |   |   |                    |  |  |  |
|     | Yes. Fill in the details.   | n                  | ate issued  |   |                    |  |  |  |
|     |   |                    |   |   |                    |  |  |  |
|     |   |                    |   |   |                    |  |  |  |
|     |   |                    |   |   |                    |  |  |  |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 37 of 53

 Debtor 1
 Dannita
 Scrutchions
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| Part 12: Sign Below                                    |   |
|--|---|
| answers are true and correct. I understand that making | Affairs and any attachments, and I declare under penalty of perjury that the g a false statement, concealing property, or obtaining money or property by fraud es up to \$250,000, or imprisonment for up to 20 years, or both. |
| ✗ /s/ Dannita Scrutchions                              | *   |
| Signature of Debtor 1                                  | Signature of Debtor 2   |
| Date 06/05/2017<br>MM / DD / YYYY                      | DateMM / DD / YYYY  |
| Did you attach additional pages to Your Statement of F | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| No   |   |
| Yes  |   |
| Did you pay or agree to pay someone who is not an att  | corney to help you fill out bankruptcy forms?   |
| No   |   |
| Yes. Name of person                                    |   |
|  | Declaration, and Signature (Official Form 119).   |
|  |   |

| Fill in this in          | Caso 17 17                                       |                                | ilod 06/07/17 Ento                       | red 06/07/17 11:28:30<br>8 of 53       | Desc Main   |
|--------------------------|--|--------------------------------|--|--|---|
|                          | Dannita  |                                | Scrutchions                              | 7                                      |   |
| Debtor 1                 | First Name                                       | Middle Name                    | Last Name                                |  |   |
| Debtor 2                 |  |                                | <del></del>                              |  |   |
| (Spouse, if filing)      | First Name                                       | Middle Name                    | Last Name                                |  |   |
| United States            | s Bankruptcy Court for the :                     | NORTHERN District of _IL       |  |  |   |
| Case Numbe<br>(If known) | er   |                                | (State)                                  |  | Check if this is an amended filing                  |
| Official F               | orm 108  |                                |  |  |   |
| Stateme                  | nt of Intentio                                   | n for Individual               | s Filing Under Cha                       | ıpter 7                                | 12/1  |
| =                        | _  | napter 7, you must fill out th | his form if:                             |  |   |
|                          | ve claims secured by y                           |                                | rod                                      |  |   |
|                          |  | and the lease has not expi     |  | y the date set for the meeting of cred | litors,   |
|                          |  |                                |  | the creditors and lessors you list.    |   |
| If two married           | people are filing togeth                         | er in a joint case, both are   | equally responsible for supplying        | ng correct information.                |   |
|                          | nust sign and date the                           |                                |  |  | _   |
| •                        | e and accurate as poss<br>ne and case number (if | •                              | ed, attach a separate sheet to th        | is form. On the top of any additional  | I pages,  |
|                          | List Your Creditors Who                          | •                              |  |  |   |
| rait i.                  |  |                                | aditara Wha Harra Claima Saarra          | ad his Promorts (Official Form 106D)   | fill in the   |
| information              | =  | 1 Part 1 of Schedule D: Cre    | editors who have Claims Secure           | ed by Property (Official Form 106D),   | TIII IN the   |
| Identify the             | creditor and the prope                           | erty that is collateral        | What do you intend to<br>secures a debt? | o do with the property that            | Did you claim the property as exempt on Schedule C? |
| Creditor's               | 3  |                                | ☐ Surrender the                          | property                               | No  |
| name:                    | ALLY Financia                                    | <u>l</u>                       | Retain the pro                           | operty and redeem it                   | ☐ Yes   |
| Description              | on of 2012 Buick Re                              | gal with over 17,000 miles     | Retain the pro                           | operty and enter into a                | _   |
| property                 |  |                                | Reaffirmation                            | •                                      |   |
| securing                 | debt:  |                                | Retain the pro                           | operty and [explain]:                  |   |
| Creditor's               | 3  |                                | Surrender the                            | property                               | <br>No  |
| name:                    |  |                                | Retain the pro                           | operty and redeem it                   | Yes   |
| Description              | on of  |                                | Retain the pro                           | operty and enter into a                | _   |
| property                 |  |                                | Reaffirmation                            | Agreement.                             |   |
| securing                 | debt:  |                                | Retain the pro                           | operty and [explain]:                  |   |
| Creditor's               | 3  |                                | Surrender the                            | property                               | □ No  |
| name:                    |  |                                | Retain the pro                           | operty and redeem it                   | Yes   |
| Description              | on of  |                                | <del>-</del>                             | operty and enter into a                |   |
| property                 |  |                                | Reaffirmation                            | =                                      |   |
| securing                 | debt:  |                                | ☐ Retain the pro                         | operty and [explain]:                  | _   |
| Creditor's               | 5  |                                | Surrender the                            |  | □ No  |
| name:                    |  |                                |  | operty and redeem it                   | ☐ Yes   |
| Description              | on of  |                                | <del></del>                              | operty and enter into a                |   |
| property                 |  |                                | Reaffirmation                            |  |   |
| securing                 | debt:  |                                |  | operty and [explain]:                  |   |

Debtor 1

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Page 39 of app 3 umber (if known)

Middle Name

| in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are ded. You may assume an unexpired personal property lease if the trustee does not assume it |                            |
|--|----------------------------|
| Describe your unexpired personal property leases   | Will the lease be assumed? |
| Lessor's name:   | □ No                       |
| Description of leased property:  | Yes                        |
| Lessor's name:   | □ No                       |
| Description of leased property:  | Yes                        |
| Lessor's name:   | □ No                       |
| Description of leased property:  | Yes                        |
| Lessor's name:   | □No                        |
| Description of leased property:  | □Yes                       |
| _essor's name:   | □No                        |
| Description of leased property:  | □Yes                       |
| Lessor's name:   | □No                        |
| Description of leased property:  | Yes                        |
| Lessor's name:   | □ No                       |
| Description of leased property:  | Yes                        |
| art 3: Sign Below  |                            |

| C | /s/ Dannita Scrutchions | *                     |  |
|---|-------------------------|-----------------------|--|
| Ī | Signature of Debtor 1   | Signature of Debtor 2 |  |
|   | Date _Dated: 06/05/2017 | Date                  |  |
|   | MM / DD / YYYY          | MM / DD / YYYY        |  |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Page 40 of 53 Document

B2030 (Form 2030) (12/15)

Date

# United States Bankruptcy Court

|  |  | NORTHERN DIS   | TRICT OF ILLINOIS EAS   | STERN DIVISION  | ON   |
|--|--|--|---|---|--|
| In   | re   |  |   |   |  |
| Da   | nnita Scrut  | chions / Debtor  |   | Case No:  |  |
|  |  |  |   | Chapter:  | Chapter 7  |
|  | npensation p   | DISCLOSURE OF CO of 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 and to me within one year before the filing of the debtor(s) in contractions. | f the petition in bankruptcy, o   | orney for the abover agreed to be paid                        | re named debtor(s) and that<br>d to me, for services         |
|  | For legal  | services, I have agreed to accept  | \$1,300.00  |   |  |
|  | Prior to th  | ne filing of this statement I have received  | \$1,500.00  |   |  |
|  | Balance I  | Due  | \$0.00  |   |  |
|  | Post Case  | -Filing Work Pre-Paid:   | \$200.00  |   |  |
| <ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol> | Deb The source I have of my I have of my attack In return focase, includes | or the above-disclosed fee, I have agreed to r   | nsation with a other person or<br>or with a list of the names of the<br>ender legal service for all asp | persons who are noted that people sharing ects of the bankrup | not members or associates<br>in the compensation, is<br>ptcy |
|  |  | ruptcy;  |   |   |  |
| 6.   | By agreem  | nent with the debtor(s), the above-disclosed for include any work done post-filing.  | •   |   | uirea;   |
|  |  | I certify that the foregoing is a complet payment to me for representation of the de   | btor(s) in this bankruptcy pro-   | -   | or   |
|  |  | Date: 06/05/2017   | /s/ Steven Scott Camp   |   |  |

Page 1 of 1 Record # 736464

 $Signature\ of\ Attorney$ 

Geraci Law L.L.C. Name of law firm

Date: 1/14/2017

Case 17-17416 Seraci Lawd of 67/Illinois Hadiana Wisconsin: 28:30 Desc Main Headquarters: 55 E. Monroe Street, #3400 Price Price Proposition Attorney: JOD Record #: 736-464

Retainer Agreement Chapter 7 - Pre-filing

| debit only, a flat fee for services <b>before</b> filing in coat \$ {  | i Law L.L.C. to prepare to file a Chapter 7 bankruptcy per sourt of \$ 1,300.00 } starting {   | ay. Bankruptcy is time-sensitive  |
|--|--|---|
| \$ <u>1.495.00</u> & \$335 = \$ <u>1.830.00</u> total t<br>services after filing through Discharge or case   | Irt, we will advance your Court Cost of \$335, and the flat for flat fee. We will present you with an agreement to repay closing without discharge. Whether or not you sign a w for post-bankruptcy services. You may hire some other you.   | the \$335, and pay a fee for our post-filing agreement is entirely  |
| statement of financial affairs; phone calls, emails, web<br>attachments, web uploads and mail; office appointmen<br>proceeding; taking calls from your creditors or bill colle<br>court, all work until case closing is included except:<br>ncluding to reopen, avoid judgment liens, for enlargen   | on after hiring us, (before retaining us is free) preparation permessages; processing and reviewing documents that we require to review and sign your petition; filing your case in court. Exectors. If you decide to pre-pay, or pay for ALL services be missed section 341 meetings; amendments to schedules; annent of time; any contested matter including but not limited to ocuments that we did not specifically request from you; appearance.  | ested from you including faxes, email included: appearance in any court of the sand after we file your case in adversary proceedings; any motions objections to exemptions, motions to                                |
| choose to pay for our services billed hourly at \$75 -\$4<br>Advance Payment Retainer. Payments on flat fee or   | in advance your entire cost unless additional work is required a 450/hour, and pay in advance a security retaier, which may conhourly become our property on payment and are deposited in the conhour payment and the conhour payment and the conhour payment are deposited as a conhour payment and the conhour payment and the conhour payment and the conhour payment payment and the conhour payment payment and the conhour payment pa | ost you more, or less than a flat fee.<br>nto our operating account, not into a   |
| according to this schedule, I agree that Geraci La<br>above. We will only refund fees not earned. Wisc<br>eceiving written notice of the dispute. You may file a<br>unearned advanced fees. If you dispute the amount of   | y, fail to respond, fail to pay my attorneys or provide all aw may discontinue work and charge me for the work do nosin: We will submit any unresolved dispute about the fee to a claim with the Wisconsin Lawyers' Fund for Client Protection the fee and want that dispute to be submitted to binding arbitrating of the accounting. If we are unable to resolve the dispute to hit the dispute to binding arbitration.  | ne to date at hourly rates shown<br>binding arbitration within 30 days of<br>if the we fail to provide a refund of<br>ation, you must provide written notice  |
| han one attorney or staff will work on your file there circumstances: This flat fee is based on the facts you property. File Chapter 13 if you have property not claim Creditors or others may object to a chapter 7 dischargoans; educational debts and tuition; most tax debts; unafter filing including HOA dues; other debts listed in you | and provide all information required; use Client Corner and not is no extra charge for the entire Geraci Law Team, unlike sin told us. If that changes, your fee may change. Exemption med as exempt, or risk turn over "non-exempt" property to a Tigge of certain debts or to any discharge, for a variety of reason undisclosed debts; maintenance or support; fines; fraud, stealing our green folder as usually not discharged. No discharge if y incur any credit or debt before filing, and I must make full discharge.   | cie attorney "law firms". Change in laws only protect a limited amount o rustee. No guarantee of Discharge ins. Debts not discharged: studening or intentional injury claims, debts ou don't take the 2nd educational |
| tte: ///// X AMMUA Socrutchions (Debtor)   | Mutchions x(Joint Debtor) *  | ·   |
|  | Attorney for the Debtor(s), Representing Geraci Law L.L.C.   | rev 161112  |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 42 of 53

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

 Dannita
 Scrutchions / Debtor
 Bankruptcy Docket #:

 Judge:

## **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 06/05/2017 /s/ Dannita Scrutchions

**Dannita Scrutchions** 

X Date & Sign

Record # 736464 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

## UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 736464 B 201A (Form 201A) (11/11) Page 1 of 2

#### Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main t Page 44 of 53

Form B 201A, Notice to Consumer Debtor(s)

In re Dannita

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 06/05/2017 | /s/ Dannita Scrutchions     |  |
|-------------------|-----------------------------|--|
|                   | Dannita Scrutchions         |  |
| Dated: 06/05/2017 | /s/ Steven Scott Camp       |  |
|                   | Attorney: Steven Scott Camp |  |

# Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 45 of 53

| or 1 Dannita  |  | Scrutchions   | Case Number (if kno   | wn)  |
|---|--|---|---|--|
| r 1 Danima - First Name   | Middle Name  | Last Name   |   |  |
|   |  |   |   | ·  |
| Answer These Question   | ons for Reporting Purposes                         |   |   |  |
| What kind of debts do you have?   | as "incurred by  No. Go to I                       | line 17.  | sorial, latinly, of household particles.  | nat you incurred to obtain   |
|   | money for a bu                                     | isiness or investment or through<br>line 16c.   | the operation of the business   | or investment.   |
|   |  | of debts you owe that are not c   | onsumer debts or business det   | bts.   |
|   |  |   |   |  |
| Are you filing under<br>Chapter 7?  |  | filing under Chapter 7. Go to li  | i   | operty is excluded and   |
| Do you estimate that aft<br>any exempt property is<br>excluded and<br>administrative expense<br>are paid that funds will<br>available for distributio<br>to unsecured creditors | er adminis  No.  Yes  be                           | trative expenses are paid that it   | ınds will be available to distribu  | ite to unsecured creditors?  |
|   |  | □1.00   | 0-5,000   | 25,001-50,000  |
| How many creditors do you estimate that you owe?  | <b>■</b> 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999 | □ 5,00  | 01-10,000<br>001-25,000   | ☐ 50,001-100,000<br>☐ More than 100,000  |
| s. How much do you<br>estimate your assets to<br>be worth?  | \$0-\$50,000<br>\$50,001-\$10<br>\$100,001-\$5     | 00,000  | 000,001-\$10 million<br>1,000,001-\$50 million<br>1,000,001-\$100 million<br>10,000,001-\$500 million | ☐\$500,000,001-\$1 billion<br>☐\$1,000,000,001-\$10 billion<br>☐\$10,000,000,001-\$50 billion<br>☐More than \$50 billion |
| 20. How much do you estimate your liabilitie to be?   | \$0-\$50,000                                       | □ \$1,<br>00,000 □ \$10,<br>500,000 □ \$50  | 000,001-\$10 million<br>0,000,001-\$50 million<br>0,000,001-\$100 million<br>00,000,001-\$500 million | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □ More than \$50 billion         |
| Part 7: Sign Below  |  |   |   | the second is true and   |
| For you   | соттест.   | this petition, and I declare under<br>to file under Chapter 7, I am aw<br>d States Code. I understand the | that I may proceed if eligib  | ble, under Chapter 7, 11,12, or 13   |
|   | under Chapter 7                                    |   | or agree to pay someone who is  | s not an attorney to help me fill out  |
| eri v   | this document, I<br>I request relief i             | have obtained and read the no<br>n accordance with the chapter o  | of title 11, United States Code,  | specified in this petition.  |
|   | with a hankqunt                                    | aking a false statement, concea<br>cy case can result in fines up to<br>52, 1341, 1519, and 3571.         | ling property, or obtaining mon<br>\$250,000, or imprisonment for                                     | ey or property by fraud in connection<br>r up to 20 years, or both.  |
|   | M Signature  | mula Schulle<br>e of Debtor 1   | thin × sign   | nature of Debtor 2   |
|   | Executed   | i on : 1 / 5 /2017  | Ex  | MM / DD / YYYY   |

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 46 of 53

| ited States Bankruptcy Court for the: NORTHERN District of ILLINOIS (State)  Isse Number   |   | · ·  |  |   |   |
|--|---|--|--|---|---|
| Danks   First Nume   Model Name   Last N   | in this information to identify y   | our case:  |  |   |   |
| Foat Name    Foat Name   Last  | Dannita   | ·  | Scrutchions  |   |   |
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| lided States Bankruptcy Court for the:NORTHERN _ District ofILINOIS  | btor 2  | Middle Name  | Last Name  |   |   |
| Check if this is an amended filing   |   |  | # ILINOIS  |   |   |
| icial Form 106 Dec  claration About an Individual Debtor's Schedules  12.  married people are filing together, both are equally responsible for supplying correct information.  must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or mining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 is, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Individual Debtor's Schedules  12.  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and   | ited States Bankruptcy Court for the  | NORTHERN DISBLET   | (State)  |   | Check if this is an                                 |
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## Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 47 of 53

Scrutchions

Debtor 1

Case Number (if known) \_

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| Part 12: Sign Below  | Financial Affairs and any  | attachments, and   | d I declare under pi                 | enaity of perjury that t  | ne<br>ny fraud   |  |
| I have read the answers on this Statement of answers are true and correct. I understand the in connection with a bankruptcy case can res 18 U.S.C. §§ 152, 1341, 1519, and 3571  | Financial Affairs and any at making a false statem ult in fines up to \$250,00 | 0, or imprisonme   | nt for up to 20 year                 | enaity of perjury that ti<br>g money or property b<br>s, or both. | ne<br>oy fraud   |  |
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| I have read the answers on this Statement of answers are true and correct. I understand the in connection with a bankruptcy case can result in U.S.C. §§ 152, 1341, 1519, and 3571  **Date/2017  | uit in fines up to \$250,00  | Signature of Del  Date   | otor 2  D / YYYY  Filing for Bankrup | s, or botn.   | ?<br>r's Notice. |  |

Record # 736464

Official Form 107

# Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 48 of 53

|                                  | d personal property leases     | y lease if the trustee does not as: | TO THE PROPERTY OF                     | Will the lease be assumed? | kr vij     |
|----------------------------------|--------------------------------|-------------------------------------|--|----------------------------|------------|
| ssor's name:                     |                                |                                     |  | Yes                        |            |
| escription of leased<br>operty:  |                                |                                     |  | □ No                       | -          |
| essor's name:                    |                                |                                     |  | Yes                        |            |
| escription of lease<br>roperty:  |                                |                                     |  |                            |            |
| essor's name:                    |                                |                                     |  | □ No □ Yes                 |            |
| Description of lease<br>property | <b>ed</b>                      |                                     |  |                            |            |
| _essor's name:                   |                                |                                     |  | □No<br>□Yes                |            |
| Description of leas              | ed                             |                                     |  |                            | elwa, wate |
| Lessor's name:                   |                                |                                     |  | □No<br>□Yes                |            |
| Description of leas              | sed                            |                                     |  |                            |            |
| Lessor's name:                   |                                |                                     |  | No<br>Yes                  |            |
| Description of lea               | sed                            |                                     |  |                            |            |
| Lessor's name:                   |                                |                                     |  | No ☐ Yes                   |            |
| Description of le                | ased                           |                                     |  | ∐ 1es                      |            |
| Part 3: Sign Beio                | w                              |                                     |  |                            |            |
| Index panelty of parity          | v. I declare that I have indic | ated my intention about any prop    | perty of my estate that secures a debt | and any                    |            |

## DISCLAIMER Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entityin connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE If your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your क्षोंति. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a
- Cosigners; joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within BDdays (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining countrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or reality commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filling, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in pankruptcy, that our non-exempt property will be taken and sold by the income, or change in State, Federal or Bankruptcy laws before the case bankruptcy trustee if it can't be protected, that the trustee might object if I/we have exce

is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE IN Dated:

Dannita Scrutchions

X Date & Sign

Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Page 50 of 53 Document

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Dannita Scrutchions / Debtor

Bankruptcy Docket #:

Judge:

# VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Dannita Scrutchions

# Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 51 of 53

| ٠.   | 4        | Dannita        |   | Scrutchions                           |                | Case Number (if known)   |                   | <del></del>                             |
|--|----------|----------------|---|---------------------------------------|----------------|--|-------------------|---|
| ebt)   | ٠        | First Name     | Middle Name   | Lost Name                             |                |  |                   | ĺ                                       |
|  |          |                |   |                                       |                | Column A   | Cálumn B          |   |
|  |          |                |   |                                       |                | Debtor 1   | Debtor 2 or       |   |
|  | •        |                | •   |                                       |                |  | non-filing spouse |   |
| ٠.   |          | - 3            |   |                                       |                | -00-74-0-30-90000-1-21-4-00-09-09-09-09-09-09-09-09-09-09-09-09- |                   | 1.                                      |
| ٠  |          |                |   |                                       | •              | \$0.00   | \$0.00            |   |
| 8. 1   | Unemp    | loyment        | compensation  | received was a henefit                |                |  |                   |   |
| !  | Do not   | enter the      | amount if you contend that the amount Security Act. Instead, list it here:            | LECEIVED MAS & DELICIT                |                |  |                   |   |
|  |          |                |   |                                       |                |  |                   |   |
|  | For you  | u              | ,   |                                       |                |  |                   |   |
|  |          |                |   |                                       |                |  |                   |   |
|  | For yo   | ur spousi<br>· | 3   |                                       |                | •  |                   |   |
|  | Donnie   |                | rement income. Do not include any am  | ount received that was a              |                | 40.00  | \$0.00            |   |
| 9.   | benefi   | t under th     | e Social Security Act.  |                                       |                | \$0.00   |                   |   |
|  |          |                |   | ify the source and amount             |                |  |                   |   |
| 10   | <b>-</b> |                | Il other sources not listed above. Spec<br>any benefits received under the Social S   | Security Vot of baytileties reserve.  | d              |  |                   | ****                                    |
|  |          |                | war arms a come against numanuv. O  | I INTERNACIONAL OF GUINCOLO           |                |  |                   |   |
|  | terrori  | sm. If ne      | cessary, list other sources on a separate   | e page and put the total on line 10   | 0c.            | ድር በር  | \$ 0.00           |   |
| ١.   |          |                |   | •                                     |                | \$0.00   |                   |   |
|  | 10a      |                |   |                                       |                | \$ 0.00  | \$0.00            |   |
| -  | 10b      | <u> </u>       |   | •                                     |                | ***  | \$0.00            | -                                       |
|  | 10c. T   | otal amo       | unts from separate pages, if any.   |                                       |                | \$0.00   | Ψ0.00             |   |
| -  |          |                | •   | on 3 through 10 for each              |                | 64 602 44  | \$0.00            | \$4,602.44                              |
| 11   | i. Calcu | ılate you      | r total current monthly income. Add lin<br>add the total for Column A to the total fo | or Column B.                          |                | \$4,602.44 +   | 40.00             |   |
|  | colun    | ın. ınen       | add the total for Coldital A to his total is  |                                       |                |  |                   | *************************************** |
| 1:   |          |                | 4   |                                       |                |  |                   |   |
|  |          |                |   | •                                     |                | •  |                   |   |
|  | Part 2:  | Det            | ermine Whether the Means Test Applies   | to You                                |                |  |                   |   |
|  |          |                | r current monthly income for the year   | . Follow these steps:                 |                |  | [                 |   |
| 17   |          | uiate you      | our total current monthly income from lin   | ne 11                                 |                | Copy line 11 here  | 12a.              | \$4,602.44                              |
|  | 12a.     |                | •   |                                       |                |  | ·                 | x 12                                    |
|  |          | Multiply       | by 12 (the number of months in a year)  | <b>)-</b>                             |                |  | r                 | A 000 00                                |
| and in the   | 4.01     | <b>T</b> 1     | sult is your annual income for this part of   | f the form.                           | **             | •  | 12b.              | \$55,229.28                             |
| -  | 12b.     |                |   |                                       |                |  |                   |   |
| 1  | 3. Calo  | ulate the      | median family income that applies to  | you. Follow these steps:              |                |  |                   |   |
|  | uit      |                | -   |                                       |                |  |                   |   |
| -  | Fill is  | n the stat     | e în which you live.  | Į IL                                  |                |  |                   |   |
|  |          |                | •   |                                       | ==             | •  |                   |   |
| 1  | Filli    | n the nur      | nber of people in your household.   | 1 1                                   |                |  |                   |   |
| j  |          |                | •   |                                       |                |  | 13.               | \$50,765.00                             |
| ***************************************  | Filli    | in the me      | dian family income for your state and si  | ze of household                       | in the sense   | b  | · .               |   |
| Annie de la constante de la co |          |                |   |                                       |                |  |                   |   |
| · ·  | inst     | ructions f     | of applicable median income amounts, or this form. This list may also be availa       | THE STATE DESIGNATION OF THE POSITION |                |  | •                 |   |
| *  |          |                |   | 4                                     |                |  |                   |   |
| -  | 14. Hov  | w do the       | lines compare?  | •                                     |                |  |                   |   |
|  |          |                | 12b is less than or equal to line 13. On  | the top of page 1, check box 1,       | There is no p  | resumption of abuse.   |                   |   |
|  | 14a      | · LLLine       | range of the Part 3   | are report from 11 m.                 |                |  |                   |   |
| ,  | :        | . 60           | to Part 3.  | to the transfer of The manager        | implion of shi | se is determined by Fon  | n 122A-2.         |   |
|  | 14b      | . X ine        | 2 12b is more than line 13. On the top of   | page 1, check box 2, I ne presu       | mpaon or and   |  |                   |   |
|  |          | Go             | to Part 3 and fill out Form 122A-2.   |                                       |                |  |                   |   |
|  |          |                |   |                                       |                |  |                   |   |
|  | Part     |                | Sign Below  | <del>1</del>                          |                |  |                   |   |
|  |          |                | oning here, I declare under penalty of pe   | eriury that the information on this   | statement an   | d in any attachments is t  | ue and correct.   |   |
|  | 1        | By si          | ming here, I declare under penalty oppo   | -41                                   |                |  |                   |   |
|  |          | r/             | landila Ild   | Authorisa                             |                |  |                   |   |
|  |          | · Nr           | INVIII XII  | TALLEY WAJES                          |                | i  |                   |   |
|  |          | · pe           | Dannita Scrutchion  | S                                     |                |  |                   |   |
|  | 1        | (              |   |                                       |                |  |                   |   |
|  | 1        |                | 11 5  |                                       |                |  |                   |   |
|  |          | D              | ate:: <u>( / ) /</u> 2017   |                                       |                |  |                   |   |
|  |          |                |   | o Form 122A-2                         |                | •  |                   |   |
|  |          |                | u checked line 14a, do NOT fill out or fil  |                                       |                |  |                   |   |
|  | ì        | . 15           | u checked line 14b, fill out Form 122A-2  | and file it with this form.           |                |  |                   |   |

# Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 52 of 53

| Si<br>(C      | ımmary of Your Assets  | and Liabilities and Certain                                  | Last Name   | •   |  |   |
|---------------|--|--|---|---|--|---|
| Si<br>(C      | ımmary of Your Assets  | and Liabilities and Certain                                  | ecured debt. If you filled out A  |   |  |   |
|               |  | y refer to line 5 on that form                               | Statistical Information Schedules  1.                                       |   |  |   |
| 1b. <b>25</b> | te ja  |  |   | x.  | 25   |   |
| lb. 25        |  |  |   |   | Сору   | • |
|               | % of your total nonpri<br>ultiply line 41a by 0.25                     | ority unsecured debt. 11 U                                   | J.S.C. § 707(b)(2)(A)(i)(l)   |   | here →   |   |
|               |  |  | •   |   | ·  |   |
| įş            | ermine whether the in<br>enough to pay 25% o<br>heck the box that appl | of your unsecured, nonprio                                   | fter subtracting all allowed deduct<br>ority debt.                          | ions  |  |   |
| ,             |  |  | page 1 of this form, check box 1, Th  | ere is no presumption of abuse.                     |  |   |
|               | Go to Part 5.  | in the 4 to. On diotop of                                    |   | •   |  |   |
|               | ☐ I ine 39d is equal   | to or more than line 41b. (                                  | On the top of page 1 of this form, ch                                       | eck box 2, There is a presumption                   | •  |   |
|               | of abuse. You ma   | y fill out Part 4 if you claim                               | special circumstances. Then go to P   | art 5.  |  |   |
|               |  |  |   |   |  |   |
| Part 4        | Give Details Abo   | out Special Circumstances                                    |   |   |  |   |
| _             |  |  | •   |   | Lish there is no   |   |
| 43. Do        | you have any specia  | circumstances that justif                                    | y additional expenses or adjustme   | nts of current monthly income to                    | of Mulcu fliere is no  |   |
|               | No. Go to Part 5   | ? 11 U.S.C. § 707(b)(2)(B).                                  |   |   |  |   |
|               |  |  |   | bly overse or income adjustmen                      |  |   |
|               | Yes. Fill in the fol<br>for each ite                                   | llowing information. All figure<br>m. You may include expens | es should reflect your average mont<br>ses you listed in line 25.           | THE CAPCING OF MOSING LINE                          |  |   |
| ,             | You must give a adjustments nec  | detailed explanation of the sessary and reasonable. You      | special circumstances that make the<br>I must also give your case trustee d | e expenses or income<br>ocumentation of your actual | j  |   |
|               | expenses or inco   | ome adjustments.   |   |   | and the second s |   |
| *. `<br>•     | Give a details   | ed explanation of the space                                  | al circumstances  |   | Average monthly expense of Income adjustment   |   |
| •             |  |  |   |   |  |   |
|               |  |  |   |   |  |   |
|               | •  |  |   |   |  |   |
|               |  |  |   |   |  |   |
|               |  |  |   |   |  |   |
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|               |  |  |   |   | •  |   |
|               |  |  |   |   |  |   |
|               |  |  |   |   |  |   |
| Par           | Sign Below   |  |   |   |  |   |
|               | By signing here, I   | declare under penalty of pe                                  | erjury that the information on this sta                                     | tement and in any attachments is                    | true and correct.  |   |
|               | WIMM   | wita Ida   | 11 tato in  |   | •  |   |
|               | 11 <u>4141</u>   | we yel   | unejew sto  | •   |  |   |
|               |  | Dannita Scrutchion   | <b>S</b> .  |   |  |   |

## Case 17-17416 Doc 1 Filed 06/07/17 Entered 06/07/17 11:28:30 Desc Main Document Page 53 of 53

Form B 201A, Notice to Consumer Debtor(s)

In re Dannita Scrutchions / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: \_\_\_\_\_/2017

**Dannita Scrutchions** 

X Date & Sign

Dated: <u>/</u>/\_\_\_/2017

Attorney: Steven Scott Camp